

<b>Case Number:</b>	CM15-0099877		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37-year-old male, who sustained an industrial injury on April 19, 2013. The mechanism of injury was a fall from a ladder landing on his back. The diagnoses have included lumbar spondylosis, encounter for long-term use of medications, thoracic spondylosis without myelopathy, unspecified myalgia and myositis, pain in joint of shoulder and complete rupture of the rotator cuff. Treatment to date has included medications, radiological studies, MRI, physical therapy, back brace, acupuncture treatments, injections, electrodiagnostic studies and a home exercise program. Current documentation dated May 4, 2015 notes that the injured worker reported constant sharp low back pain and bilateral leg pain. The pain was rated a nine out of ten on the visual analogue scale with medications. Examination of the spine revealed tenderness to palpation over the bilateral thoracic and lumbar paraspinal muscles, lumbar facet joints and sacroiliac joint joints. Range of motion was painful and decreased. A straight leg raise test was positive on the right. A Patrick's test and reverse Thomas test were positive bilaterally. Sensation was noted to be diminished in the right lower extremity. The treating physician's plan of care included a request for the medications Norco 10/325 mg # 90 and Ultram 50 mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10-325mg, per 5/4/15 order #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75, 91, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on April 19, 2013 .The medical records provided indicate the diagnosis of lumbar spondylosis, encounter for long-term use of medications, thoracic spondylosis without myelopathy, unspecified myalgia and myositis, pain in joint of shoulder and complete rupture of the rotator cuff. Treatment to date has included medications, physical therapy, back brace, acupuncture treatments, injections, and a home exercise program. The medical records provided for review do not indicate a medical necessity for Norco 10-325mg, per 5/4/15 order #90. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication since 08/2014, but with no overall improvement: the response to medication appears to be decreasing, and the injured worker was remained off work. The request is not medically necessary.

**Ultram 50mg, per 5/4/15 order #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on April 19, 2013 .The medical records provided indicate the diagnosis of lumbar spondylosis, encounter for long-term use of medications, thoracic spondylosis without myelopathy, unspecified myalgia and myositis, pain in joint of shoulder and complete rupture of the rotator cuff. Treatment to date has included medications, physical therapy, back brace, acupuncture treatments, injections, and a home exercise program. The medical records provided for review do not indicate a medical necessity for Ultram 50mg, per 5/4/15 order #120. Ultram (Tramadol) is a synthetic opioid. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant

behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication since 08/2014, but with no overall improvement: the response to medication appears to be decreasing, and the injured worker was remained off work. The request is not medically necessary.