

<b>Case Number:</b>	CM13-0025669		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 26-year-old female who reported a work related injury on 03/30/2012; specific mechanism is the result of strain to the lumbar spine. Subsequently, the patient seeks treatment for mid, upper back, and low back pain. The clinical note dated 07/15/2013 reports the patient was seen under the care of [REDACTED] for her chronic pain complaints. The provider documents the patient reports continued pain rated at an 8/10. Upon physical exam of the thoracic spine, there was grade II tenderness to palpation over the paraspinal muscles which decreased from grade III on the last visit; there was restricted range of motion in addition. Lumbar spine evaluation revealed grade II tenderness to palpation over the paraspinal muscles which had decreased from grade III on the last visit. There was restricted range of motion and positive straight leg raise testing bilaterally. The patient reported that physical therapy interventions decreased pain and tenderness, the patient was pending Lint to the lumbar spine and thoracic spine. The provider documented the patient's physical therapy was changed to acupuncture therapy for the thoracic spine and lumbar spine 2 times a week for 4 weeks, the patient was prescribed tramadol, the patient was rescheduled for LINT of the lumbar spine and thoracic spine, and urine toxicology testing was administered for medication monitoring.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines, Pain Chapter, Urine Drug Testing (UDT) in patient-centered clinical situations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to evidence the patient's current medication regimen, when the patient last underwent urine drug screening, and frequency of urine drug screening. The clinical notes fail to evidence if the patient presents with aberrant drug behaviors requiring regular urine drug screening, as the previous peer review documented the patient's last urine drug screen was administered on 03/14/2013, therefore it is unclear if any further testing was subsequent to this. California MTUS Guidelines indicate, "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." Given all of the above, the request for urine toxicology testing is not medically necessary or appropriate.

**Tramadol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, California Controlled Substance Utilization Review (UR).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94.

**Decision rationale:** The current request is not supported. The clinical notes documented the patient reported her pain was on average at a 7/10. The clinical notes did not document that the patient's total medication regimen consisted of or the clear efficacy of treatment. In addition, California MTUS Guidelines state tramadol "Is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Given the lack of significant benefit noted with the patient's current medication regimen, the documentation does not evidence support of the long-term necessity of tramadol. Given all of the above, the request for tramadol is not medically necessary or appropriate.

**Localized Intense Neurostimulation Therapy (LINT) of the lumbar spine and thoracic spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Hyperstimulation analgesia.

**Decision rationale:** The current request is not supported. Official Disability Guidelines indicate, "Hyperstimulation analgesia is not recommended until there are higher quality studies, initial results are promising; however, such treatments are time consuming, cumbersome, and require previous knowledge of localization of peripheral nerve endings responsible for low back pain or manual mapping of the back and these limitations prevent their extensive utilization." The clinical notes document the patient continues to present with moderate complaints of pain to the lumbar spine; however, guidelines fail to support the requested intervention. In addition, the clinical notes did not indicate if the patient had utilized other forms of stimulation failed with treatment, such as a TENS unit. Given all of the above, the request for Lint of the lumbar spine and thoracic spine is not medically necessary or appropriate.