

<b>Case Number:</b>	CM13-0028953		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	08/23/2009
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented former employee who has filed a claim for chronic neck and shoulder pain associated with an industrial injury sustained on August 23, 2009. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, abortive medications for headache, and extensive periods of time off work on total temporary disability. A clinical progress note dated October 16, 2013 states that the applicant is having dull and reportedly severe pain. The applicant is using medications on a regular basis and ran out early. He is on Fioricet, Imitrex, and extended-release Tramadol. Tenderness and decreased shoulder range of motion are noted. The applicant is again placed off of work, on total temporary disability and asked to consult a shoulder surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Ultram ER 150mg between 8/15/13 and 10/25/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** Ultram (Tramadol) is an opioid or opioid analogue. As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function and/or reduced pain brought about as a result of ongoing opioid usage. In this case, however, it does not appear that the applicant has experienced any lasting benefit or functional improvement as a result of prior opioid usage. The patient failed to return to work. The applicant remained off of work, on total temporary disability, throughout the latter half of 2013. There was no evidence of a significant reduction in pain scores and/or improved performance of non-work activities of daily living brought about as a result of ongoing opioid usage. Therefore, the request is not certified.

**12 panel drug screen between 8/15/13 and 10/25/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), page 33.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** While the MTUS Chronic Pain Medical Treatment Guidelines do endorse intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform urine drug testing. The Official Disability Guidelines suggest that an attending provider should clearly state those drug tests and/or drug panels which he is testing for along with any request for authorization. The attending provider should also state the last date on which the applicant underwent urine drug testing, as well as how drug testing would influence the treatment plan. In this case, none in the aforementioned criteria were met. The ODG further notes that quantitative urine drug testing is not recommended outside of the urine drug test context. In this case, however, the drug test performed did seemingly include confirmatory drug testing. This not recommended, per the ODG, in the office setting present here. It is further noted that the attending provider did not supply a compelling rationale narrative so as to justify testing for approximately 50 different drug metabolites; the ODG recommends using the [REDACTED] standard drug testing panels as the most legally defensible means of performing drug testing. For all of these reasons, then, the request is not certified.