

<b>Case Number:</b>	CM13-0032973		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular 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 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/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:

██████████ is a 37-year-old woman who sustained a work-related injury on July 9, 2011. Subsequently she developed with chronic neck and back pain as bilateral shoulder pain. According to the note dated on July 29, 2013, the patient was reported to have neck pain, numbness and tingling in her right upper extremity, upper back pain and bilateral shoulder pain. The patient was reported to have depression and sleep disorder. Her physical examination demonstrated increased tone over the upper trapezius muscles, cervical tenderness with reduced range of motion. The patient was treated with physical therapy, pain medications and cervical epidural injection with some relief. The provider requested authorization to use Tramadol and perform urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring: Four 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. Although, Ultram may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from previous use of narcotics. There is no objective documentation of pain severity level to justify the use of narcotics in this patient. There no clear documentation of the efficacy/safety of previous use of opioids. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Tramadol 8/27/13 is not medically necessary and appropriate.

#### **1 URINE TOXICOLOGY DRUG SCREENING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78, 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. There is no evidence that the patient is taking any medication that require a drug screen or have a history of use of illicit drugs. There is no documentation of aberrant drug seeking behavior. The patient was previously tested for a urine drug screen on July 29 2013. Therefore, the request for Urine drug screen is not medically necessary and appropriate