

<b>Case Number:</b>	CM13-0038812		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/17/2006
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York 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 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:

The injured worker is a 29-year-old male injured on 05/17/06, due to an undisclosed mechanism of injury. The current diagnoses included hip impingement syndrome left; sprain/strain of lumbar spine; left lower extremity paresthesias; and abdominal groin pain. A clinical note dated 08/15/13, indicated that the injured worker presented with complaints of pain to the left lower extremity at 8/10, left upper leg pain at 8/10, left hip pain at 8/10, abdominal and left groin pain at 8/10, and low back pain at 8/10. The injured worker reported that the previous complaints of left foot pain had completely resolved. A physical examination revealed remained unchanged. Recent physical examination was not provided for review. The current medications included tramadol 50mg three (3) times a day. The treatment plan included obtaining quarterly labs and urine point of contact drug screen. The labs drawn on 11/09/12 were normal with the exception of creatinine noted to be 280 units per liter. The urine drug screen was consistent with the prescribed medications. The initial request for one (1) quarterly labs, one (1) quarterly urine point-of-care (POC) drug screens, and tramadol 50mg #90 with two (2) refills was initially non-certified on 09/23/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) QUARTERLY LABS:** 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 - Lumbar & Thoracic (Acute & Chronic), Preoperative lab testing.

**Decision rationale:** The Official Disability Guidelines indicate that testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. A complete blood count is indicated for injured workers with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. There is no indication that the injured worker has ongoing medical conditions that warrant routine, frequent laboratory monitoring. As such, the request for one (1) quarterly labs cannot be recommended as medically necessary.

**ONE (1) QUARTERLY URINE POINT-OF-CARE (POC) DRUG SCREENS:** Upheld

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

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

**Decision rationale:** The Chronic Pain Guidelines indicate that drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening two to three (2 to 3) times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. The injured worker is not listed as a high or moderate risk injured worker and recent urine drug screen results were noted to be consistent with prescribed medications. As such, the request for one (1) quarterly urine point-of-care (POC) drug screens cannot be recommended as medically necessary.

**TRAMADOL 50MG #90 WITH TWO (2) REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** The Chronic Pain Guidelines indicate that patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Tramadol 50mg #90 with 2 refills cannot be established at this time.