

Case Number:	CM13-0043554		
Date Assigned:	12/27/2013	Date of Injury:	10/03/2012
Decision Date:	10/27/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/24/2013

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 Emergency 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:

The injured worker is a 59 year-old female, who sustained an injury on October 3, 2012. The mechanism of injury is not noted. Diagnostics have included: July 3, 2013 lumbar MRI reported as showing L2-3 and L5-S1 disc bulges. Treatments have included: medications, psychology treatment, TENS, back brace. The current diagnoses are: cervical sprain, lumbar sprain, left shoulder sprain, left elbow epicondylitis, stress/anxiety. The stated purpose of the request for 1 Urine Analysis was not noted. It was denied on October 9, 2013, citing a lack of documentation of prior testing or increased risk of diversion. The stated purpose of the request for prescription of Tramadol ER 150MG #60, one to two a day was not noted. The request for prescription of Tramadol ER 150MG #60, one to two a day was denied on October 9, 2013, citing a lack of documentation of functional improvement. Per the report dated September 30, 2013, the treating physician noted complaints of pain and stiffness to the cervical spine and lumbar spine. Exam findings included tenderness, spasm and reduced range of motion to the cervical spine, lumbar spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Analysis x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing

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

Decision rationale: The requested 1 Urine Analysis, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has pain and stiffness to the cervical spine and lumbar spine. The treating physician has documented tenderness, spasm and reduced range of motion to the cervical spine, lumbar spine and left shoulder. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of neither the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, 1 Urine Analysis is not medically necessary.

Tramadol ER 150mg #60, one to two a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain and Tramadol Page(s): 78-80, 80-82, 113.

Decision rationale: The requested prescription of Tramadol ER 150MG #60, one to two a day, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain and stiffness to the cervical spine and lumbar spine. The treating physician has documented tenderness, spasm and reduced range of motion to the cervical spine, lumbar spine and left shoulder. The treating physician has not documented: duration of treatment, failed first-line opiate trials, VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, prescription of Tramadol ER 150MG #60, one to two a day is not medically necessary.