

<b>Case Number:</b>	CM13-0046735		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/10/1996
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 American Board of Family Practice 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 claimant is a 67 yr. old female who sustained a cumulative work injury on 9/10/96 to 8/6/98 involving shoulders, neck, back and knees. She has a diagnosis of right shoulder impingement, bilateral facet arthropathy of the L5-S1 region and bilateral degeneration with buckling. She had been on 50 mg of Tramadol three times daily since 10/12/12 for pain control. A progress note on 9/13/13 indicated the claimant had 3/10 shoulder pain with tingling in the upper extremities, 7/10 back pain and 5/10 right knee pain. Physical findings included reduced range of motion of the right shoulder. The pain scales and exam findings were essentially unchanged from January 2013. She was continued on her Tramadol and a subsequent request was made for a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90 with three (3) refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82, and 84.

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

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is indicated for short term use when there is evidence of failure of Tylenol or NSAIDS (non-steroidal anti-inflammatory drugs). Chronic lumbar radicular pain did not respond to either a tricyclic antidepressant or opioid (such as Tramadol) in doses that have been effective for painful diabetic neuropathy or postherpetic neuralgia. Such as, Tramadol is not medically necessary.

**Urinary drug screen (UDS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 90-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. As a result, the request for the urinary drug screen is not medically necessary.