

Case Number:	CM13-0052473		
Date Assigned:	01/15/2014	Date of Injury:	09/16/2011
Decision Date:	05/20/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/16/2013

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 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 patient is a 53-year-old female who reported an injury on 09/16/2011. The patient was evaluated on 09/12/2013. It was noted that she had continued pain complaints rated at a 6/10 to 7/10. It was also noted that the patient was taking Ultram and being treated with physical therapy and chiropractic care. The patient's diagnoses included pain in the left neck and the left upper extremity, degenerative disc disease of the cervical spine, lumbar spine sprain/strain and radiculitis of the lumbar spine into the left lower extremity. The patient's treatment plan included quarterly laboratory tests and the continuation of medication usage. It was also documented that the patient would undergo a point of care urine drug screen. The patient was evaluated on 01/11/2014. It was documented that the patient had continued pain rated at a 6/10 to 6.5/10 that was reduced by rest and medications to a 4/10. Physical findings included limited lumbar range of motion and cervical spine range of motion secondary to pain with decreased deep tendon reflexes in the C5, C6, C7, L4 and S1 myotomes bilaterally. The request was made for additional chiropractic physiotherapy, additional acupuncture, a refill of Ultram 50 mg and an extension on laboratory testing and urine point of care testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50 MG 1 PO TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The requested Ultram 50 mg once by mouth 3 times a day #90 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the continued use of opioid therapy be supported by ongoing documentation of functional benefit, a quantitative assessment of pain relief, managed side effects and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient does undergo point of care urine drug screening. Additionally, it is noted that the patient has a reduction in pain from a 6/10 to 6.5/10 to a 4/10 with medication usage. However, the clinical documentation fails to provide any evidence of significant functional benefit. As this patient has been on this medication since at least 10/2012, there should be some indication of functional benefit. It is noted in the 09/2013 clinical note that the patient actually has an increase in symptoms. Therefore, the efficacy of this medication cannot be established. As such, the requested Ultram 50 mg once by mouth 3 times a day #90 is not medically necessary or appropriate.

QUARTERLY LABS: ARTHRITIS PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.AMYWASS@BU.EDU.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://LABTESTSONLINE.ORG/UNDERSTANDING/CONDITIONS/OSTEO/START/1](http://labtestsonline.org/understanding/conditions/osteo/start/1).

Decision rationale: The requested quarterly labs arthritis panel is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend regular lab testing for patients who have been on nonsteroidal anti-inflammatory drugs for chronic pain. However, an arthritis panel is not specifically addressed in the California Medical Treatment Utilization Schedule or the Official Disability Guidelines. An online resource, labtestsonline.org, indicates that an arthritis panel will include rheumatoid factor and cyclic citrullinated peptide antibody, synovial fluid analysis, erythrocyte sedimentation rate and C-reactive protein, a complete blood count and a comprehensive metabolic panel. Although the patient is diagnosed with degenerative disc disease of the cervical spine, there is no clear documentation of ongoing arthritis-related complaints that would benefit from ongoing laboratory testing of an arthritis panel. The clinical documentation submitted for review does not specifically address the need for this laboratory test. As such, the requested quarterly labs arthritis panel is not medically necessary or appropriate.