

Case Number:	CM13-0060338		
Date Assigned:	12/30/2013	Date of Injury:	07/10/2008
Decision Date:	04/10/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

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, and is licensed to practice in 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 patient is a 53-year-old female who reported an injury on 07/10/2008. The mechanism of injury was not specifically stated. The patient was diagnosed with enthesopathy of the knee. The patient was seen by [REDACTED] on 11/18/2013. The patient reported persistent pain in the left lower extremity. Physical examination revealed tenderness to palpation with spasms. Treatment recommendations included prescriptions for tramadol and lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. As per the documentation submitted, there was no indication of a failure to respond to nonopioid analgesics. Therefore, the patient does not meet the criteria for the requested medication. As such, the request is non-certified.

Lorazepam: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependence. As per the documentation submitted, there is no indication of an anxiety disorder. The medical necessity has not been established. As the guidelines do not recommend the long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Urinalysis: 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 Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

Decision rationale: The California MTUS Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state that the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. As per the documentation submitted, the patient's injury was greater than 5 years ago to date, and there is no indication of noncompliance or misuse of medication. There was also no evidence that this patient falls under a high risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.