

Case Number:	CM14-0001592		
Date Assigned:	03/03/2014	Date of Injury:	08/10/2009
Decision Date:	06/13/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/06/2014

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 Orthopedic Surgery 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 52 year old male who sustained an injury on 08/10/09 while attempting to lift an object. The patient was followed for chronic low back pain following two level lumbar fusion procedures at L3-4 and L4-5 in 09/12. Medications in 2013 included Medrox patches. There was a toxicology result report from 10/08/13 which showed positive findings for alcohol. No other medication findings were noted. The patient was seen on 10/09/13 with continuing complaints of low back pain and mid to upper back pain. Physical examination noted tenderness to palpation in the thoracic spine and lumbar spine with restricted range of motion. The patient indicated that physical therapy was helping to decrease his symptoms. The patient was prescribed tramadol 50mg quantity 60 at this visit and Menthoderm topical ointment. Urinary toxicology results from 11/20/13 noted negative findings for tramadol. Follow up on 12/23/13 indicated the patient had ongoing low back pain radiating to left lower extremity with associated weakness and occasional breakaway episodes of weakness at the left knee. On physical examination there were paraspinal spasms and tenderness to palpation with associated weakness of the left quadriceps. Urine drug screen and tramadol 50mg #60 has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN DOS: 11/20/13: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, UDS

Decision rationale: In regards to the urine drug screen on 11/20/13, this reviewer would not have recommended this study as medically necessary. Per current evidence based guidelines, drug screens were typically performed for patients utilizing opioid medications for pain to monitor adherence. The patient had previous urine drug screen on 09/30/13. There was no indication from the clinical records indicating that there were any concerns regarding compliance or increased opioid risk factors that would have support the repeat urine drug screen on 11/20/13. The request is not medically necessary and appropriate.

TRAMADOL 50MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 88-89.

Decision rationale: In regards to Tramadol 50mg quantity 60 this reviewer would not have recommended this medication as medically necessary. From review of the clinical notes submitted there was no indication that the patient had any substantial functional improvement with this medication. There was no improvement in VAS pain scores or indications that any functional benefit was being obtained to support its ongoing use. The request is not medically necessary and appropriate.