

Case Number:	CM14-0001696		
Date Assigned:	01/22/2014	Date of Injury:	03/10/2003
Decision Date:	03/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

This case involves a 51-year-old male who was injured on 3/10/2003. On 12/23/13, [REDACTED] Utilization Review (UR) recommended modification of the physician's 10/17/13 treatment plan to wean off Ultram and then Norco, and the UR denied the urinary drug test (UDT). According to the 10/17/13 report from [REDACTED] the patient presents with pain in the lumbar spine. The diagnoses include lumbar spine musculoligamentous sprain and status post IDET.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120, with one (1) refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines (May 2009), and the University of Michigan Health System; 2011 Jan; page 36.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, and Criteria for use of opioids Page(s): 80,88-89.

Decision rationale: The patient presents with low back pain. On 8/15/13 [REDACTED] states the back pain is rated at 7/10, and with the Ultram and Norco, it drops to a rate of 4/10. The 7/11/13 report states the pain medications were helping his pain. The Chronic Pain Guidelines indicate,

"Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" The guidelines also indicate that if there is an unsatisfactory response, the physician should consider other therapeutic modalities. The guidelines indicate that a satisfactory response may be indicated by the patient's decreased pain or improved level of function or improved quality of life. The physician repeatedly documented a reduction of pain, and on 8/15/13 uses the numeric scale suggested by the guidelines to show 7/10 pain without medications dropping to 4/10 with use of Ultram and Norco. This is a satisfactory response according to guidelines definition. The guidelines do not require weaning or discontinuing medication that is producing a satisfactory response.

One (1) urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing

Decision rationale: The patient presents with low back pain. He is reported to be using Norco and Ultram for pain control. The MTUS/ACOEM Guidelines recommend urine drug testing (UDT) to evaluate for drug use. However, the issue here appears to be the frequency of UDT. The Official Disability Guidelines indicate, "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." This patient was tested on 6/12/13 and 7/11/13 and another UDT was requested on 10/17/13. There is no mention of the patient being at high, medium or low risk, or no indication that the patient is above low risk from the prior UDT that were consistent. The guidelines state that for patient's at low risk, testing can be within six (6) months of initiation of therapy, then on a yearly basis thereafter. The patient has already had two (2) UDTs for 2013. The request for a 3rd UDT is not in accordance with the frequency listed under the Official Disability Guidelines.