

Case Number:	CM14-0007183		
Date Assigned:	02/07/2014	Date of Injury:	08/10/2013
Decision Date:	07/14/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/20/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 34-year-old female who has submitted a claim for bilateral carpal tunnel syndrome and bilateral medial epicondylitis associated with an industrial injury date of 08/10/2011. Medical records from 05/04/2012 to 01/16/2014 were reviewed and showed that patient complained of neck discomfort, wrist pain graded 3/10, shoulder pain graded 4/10, elbow pain graded 3/10. The pain was characterized as sharp and throbbing. A physical examination showed tenderness over the bilateral cervical paraspinal muscles and medial and lateral epicondyles. Range of motion was limited by pain. Motor testing was normal. Sensation to light touch was intact. Treatment to date has included medications, physical therapy, home exercise program, TENS, steroid injections, and left carpal tunnel release (06/29/2013). Utilization review, dated 01/07/2014, did not grant the request for tramadol because medical records do not show evidence of functional improvement despite its long term use; the request for Norco was not granted because there was no quantitative descriptor of patient's pain or evidence to suggest recent surgery to warrant use of opioids; and the request for urine toxicology screening was not granted because the requests for opioids are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 37.5/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, medical records show that patient has been prescribed tramadol since at least July 2012. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. The MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tramadol 37.5/325mg #60 is not medically necessary.

NORCO 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 83.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that using opioids are recommended for moderate to moderately severe pain. The guidelines specify that opioids are recommended in the lowest dose for the shortest period of time as a second line of analgesia following inadequate symptoms relief and restoration of function with first-line analgesics such as acetaminophen or NSAIDs. In this case, the patient has had previous therapy with first-line analgesics. However, the most recent progress report, dated 01/16/2014, states that patient has neck, shoulder, elbow, and wrist pain, graded 3-4/10. There is no indication for analgesia at an opioid level. There is no compelling indication for variance from guidelines in this case. Therefore, the request for Norco 10/325mg #60 is not medically necessary.

ONE URINE TOXICOLOGY SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, including Prescribing Controlled Substances, May 2009 pages 32-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable

with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. Patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the patient is at moderate risk as she was diagnosed with depression and possible bipolar mood disorder on August 2012. Medical records show that urine drug tests have been performed on 02/12/2013, 10/22/2013, and 12/19/2013, and results have been consistent with prescribed medications. Additional urine drug tests would exceed the recommended amount of urine drug tests given that the patient is at moderate risk for drug abuse. Therefore, the request for one urine toxicology screen is not medically necessary.