

Case Number:	CM14-0106721		
Date Assigned:	07/30/2014	Date of Injury:	03/08/2003
Decision Date:	09/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/10/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 59-year-old female who was injured on March 8, 2003. The patient continued to experience pain in her neck, left shoulder, and right knee. Physical examination was notable for decreased range of motion of the cervical spine, positive foraminal compression test, and normal motor strength of all extremities. Diagnoses included cervical spine disc syndrome, bilateral rotator cuff syndrome, lumbar spine herniated nucleus pulposus, right knee meniscal tear, and status post left knee total knee replacement. Treatment included physical therapy, steroid injections of the left shoulder, medication, aqua-therapy, and surgery. Requests for authorization for Ultram 50 mg #60 and one urine toxicology screen were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 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 Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Criteria for use include establishment of a treatment plan,

determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient had been receiving Ultram since at least December 2013. Analgesia had not been obtained. In addition there is no documentation that the patient had signed an opioid contract. Criteria for long-term opioid use have not been met. The request is not medically necessary.

1 Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, urine drug testing.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case the urine drug testing is requested in March 2014 and again in May 2014. There is no documentation of occurrence or frequency of urine drug testing. Clarification of testing frequency is necessary for determination of necessity. Therefore the request is not medically necessary.