

<b>Case Number:</b>	CM14-0019925		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	10/04/2001
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 52 year old male who had a work related injury on 10/04/01, mechanism of injury was not documented. The injured worker was treated for chronic neck pain, back pain, and head pain. Most recent records submitted for review dated 01/30/14, the injured worker was complaining of moderate pain, which was constant and stable. It was in his neck, back, and head. The pain radiated to the right arm and thigh. The pain was aggravated by bending, lifting, pushing, sitting, changing positions, daily activities, jumping, lying and resting, running and rolling over in bed. The pain was alleviated by heat, massage, pain medication, physical therapy, rest, movement, spontaneously, and sitting. The injured worker rated his pain 5-6/10 with medication, without medication 8-9/10. He stated his function with medication, struggled but fulfilled daily home responsibilities. No outside activity. Not able to work or volunteer. Without medication, the injured worker reported he could get dressed in the morning, perform minimal activities at home contact friends via phone or e-mail. On physical examination positive for back pain, joint pain, joint swelling, muscle weakness, and neck pain. Cervical examination, no atrophy, no deformities, no ecchymosis symmetrical posture. There was crepitus. Tenderness right shoulder, facets, paracervical, suboccipital triangle left and right and trapezius. Sensation was intact in upper extremities. Active painful range of motion with limiting factors of pain. Balance and gait were intact. No motor weakness. Fine motor skills were normal. The injured worker had urine drug screens the last one on 01/30/14 which was consistent. Prior utilization review dated 02/06/14 urine drug screen was non-certified, tramadol was modified. Current request is for urine drug screen, and tramadol HCL 50mg #90 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing (UDT).

**Decision rationale:** The clinical documentation as well as current evidence based guidelines do not support the request. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The injured worker had a urine drug screen 01/30/2014 and was consistent with prescribed medications. Therefore, medical necessity has not been established. The request is not medically necessary and appropriate.

**TRAMADOL HCL 50MG #90 WITH ONE (1) REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, opioid's.

**Decision rationale:** The clinical documentation submitted for review does not support the request. The injured worker has been on Tramadol for an extended period of time, there is no significant reduction in his visual analog scale and no significant functional improvement. Therefore medical necessity has not been established. The request is not medically necessary and appropriate.