

Case Number:	CM14-0118932		
Date Assigned:	08/06/2014	Date of Injury:	03/27/2013
Decision Date:	09/10/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	07/29/2014

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 Occupational Medicine 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:

This is a 57-year-old female with a 3/27/13 date of injury. The mechanism of injury was not noted. According to a progress report dated 6/13/14, the patient presented with improved pain in the right knee and ongoing pain in the left knee and lower back. She described her pain as tingling, aching, nagging, and throbbing. She rated her pain at a 6/10 at its worst and 3/10 at its best. Her pain was exacerbated by prolonged standing, crawling, and walking. It was relieved by heat, medicines, and ice. Objective findings: no tenderness to palpation of right knee, warmth noted over right knee, no crepitus noted in the joints, trace effusion right knee. Diagnostic impression: internal derangement of knee not otherwise specified. Treatment to date: medication management, activity modification. A UR decision dated 7/28/14 denied the requests for tramadol and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80-81,94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. The treating physician has not articulated an evidence-based rationale that controverts the prior non-certifications for requests for tramadol. Nor is there a substantive and compelling medical justification for the current request. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol 50mg, #30 was not medically necessary.

Urine Drug Screen (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC) Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. Although tramadol has been denied for this patient, she is also utilizing Conzip, an extended-release of tramadol. There were no urine drug screens provided in the records reviewed. The treating physician did not provide a validated instrument that assessed the patient's risk of addiction or previous evidence of aberrant behavior as related to scheduled or illicit drugs. Guidelines support the use of urine drug screens in patients utilizing chronic opioids to monitor for aberrant behavior. Therefore, the request for Urine drug screen UDS was medically necessary.