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| Case Number: | CM14-0146244 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 07/17/2012 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 08/14/2014 |
| Priority: | Standard | Application Received: | 09/09/2014 |

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 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 42 year old male with a work injury involving bilateral hands, forearms, wrists and back while employed in the capacity of a painter. The injury date is documented as 07/17/2014. Initial medical evaluation was done on 07/23/2014 with diagnoses of bilateral hand and wrist internal derangement with lumbar spine strain. Cervical, thoracic and lumbar spine xrays were normal. Bilateral wrist x-rays were also normal. The left wrist was placed in a brace at that time. Testing included MRI of bilateral hands and wrists on 08/08/2012 with the impression of a tear of the ulnar surface of the TFCC and old fractures of the distal ulna and distal radial styloid process. A degenerative ganglion cyst noted in the right wrist. MRI of the lumbar spine showed degenerative disc changes at lumbar 4-5 and a right paramedian disc herniation in close proximity to the right lumbar five nerve root. Nerve conduction studies done on 11/26/2013 showed mild bilateral carpal tunnel syndrome. Previous treatments included evaluation by a hand surgeon, chiropractic treatments and acupuncture. The provider notes there was no significant improvement with the treatments. The injured worker underwent steroid injections but states the benefits have "been small and short lived". He was also treated with anti-inflammatory drugs and pain medications. A request for carpal tunnel surgery was denied. On 07/15/2014 the injured worker presented for follow up with complaints of pain over the cervical, lumbar and thoracic vertebrae. He also complained of numbness and tingling in the upper extremities. Exam revealed no tenderness over the thoracic, lumbar or cervical region. All ranges of motion of the cervical spine caused discomfort at the end points in the cervical vertebrae. There was no tenderness over the wrist area. Grip strength was decreased bilaterally and the injured worker complained of discomfort in both wrists upon performing grip strength test. Work status was documented as temporarily totally disabled unless the employer could accommodate modified duties. The injured worker's last work day was 08/01/2012. Diagnoses

included: - Bilateral traumatic flexor tenosynovitis- Bilateral hand paresthesia's- Left wrist degenerative joint disease- Left wrist bone contusion- Bilateral mild carpal tunnel syndrome- Multilevel disc protrusion with impingement of lumbar 5 disk root. The provider requested authorization for Tramadol 50 mg # 90 with 2 refills, POC urine drug test, quarterly labs including chem 8, hepatic function panel, CPK, CRP, arthritis panel and CBC. According to utilization review dated 08/25/2014 Tramadol was not recommended citing there should be evidence of improved functioning and pain and the patient should have returned to work. "No objective evidence exists to suggest functional improvement or a significant reduction of pain. To reduce the risk of withdrawal a proper weaning schedule should be implemented therefore the request was modified to 1 prescription of Tramadol 50 mg # 68 with the remaining # 22 and 2 refills non - certified." POC urine drug test was non- certified citing "The patient is currently in the process of discontinuing opioids at this time and does not require a urine drug test." "Proceeding with CBC and hepatic panel is appropriate at this time. According to documentation the patient has been utilizing NSAID's for an extended period of time for which periodic lab monitoring is appropriate. There is no scientific evidence to support the use of chem 8, CPK, CPR and arthritis panel in the management of chronic low back pain or wrist pain at this time. CBC is certified with modification to 1 lab including hepatic function panel and CBC. Any additional labs including the chem 8, CPK, CRP and arthritis panel are noncertified."

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Tramadol HCL 50mg (Ultram) is a synthetic opioid affecting the central nervous system. As of July 2014, the DEA changed the classification of Tramadol to a schedule IV controlled substance. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the submitted documentation available for review, there was no indication that Tramadol provided pain relief in terms of percent pain reduction or reduction in numeric rating scale and no specific examples of functional improvement were documented. Furthermore, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement and

no CURES report to confirm that the injured worker was only getting opioids from one practitioner. A request of urine POC was requested on 7/15/2014 but no previous results were provided. In the absence of such documentation, the currently requested Tramadol 50mg #90 with 2 refills is not medically necessary. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

POC urine drug test: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 99.

Decision rationale: In regard to the request for a urine toxicology test, the CA MTUS Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Typically, screening tests are based on immunoassays, which can be either laboratory-based or point-of-collection testing (POC). POC testing is also commonly referred to as "dip-stick" testing. This latter type of testing is performed on-site and usually requires no instrumentation. Substances are reported as present or absent at a predetermined cutoff threshold. Screening assays have the advantages of being more cost effective than confirmatory tests and with POC systems, allow immediate results. In the submitted documentation available for review, the treating physician indicated that the injured worker was taking Tramadol and there was no documentation of previous urine POC. Although medical necessity was not established for Tramadol due to lack of documentation, the injured worker was taking it at the time of the request for the urine POC. Based on the guidelines, the currently requested urine drug test is medically necessary.

Quarterly labs including chem 8, hepatic function panel, CPK, CRP, arthritis panel and CBC: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://labtestsonline.org/understanding/analytes/cmp/tab/glance>

<http://labtestsonline.org/understanding/analytes/cbc/tab/glance>

<http://labtestsonline.org/understanding/analytes/crp/tab/faq>

<http://labtestsonline.org/understanding/analytes/esr>

Decision rationale: In regard to the request for quarterly labs which include chem 8, hepatic function panel, CPK, CRP, arthritis panel and CBC, the California Medical Treatment Utilization Schedule does not contain specific guidelines on this particular request. Therefore, national evidence based guidelines are cited. It is further noted that the Official Disability Guidelines and ACOEM do not have provisions for this request either. However, there is support for periodic testing for patients utilizing chronic medications in order to evaluate for damage to organs such as the kidneys and liver. A chem 8 and hepatic function panel are ordered as broad screening tools to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney- or liver-related side effects. A CBC is ordered to evaluate various conditions, such as anemia, infection, inflammation, bleeding disorders, leukemia, etc. Within the submitted medical records available for review, there was no documentation identifying the medical necessity of these tests. The condition(s) for which all these test would be appropriate were not documented. Some of these laboratory tests might be an option to evaluate for possible medication side effects due to the injured worker's use of oral NSAIDs. The treating physician documented that the arthritis panel, CPK, and CRP were requested to make sure that the injured worker did not have an underlying metabolic inflammatory disorder that would interfere with his treatment. However, there was a lack of documented subjective complaints and objective findings to support the request for all the tests. Unfortunately, there is no provision to modify a request. In light of the above issues, the currently requested chem 8, hepatic function panel, CPK, CRP, arthritis panel and CBC is not medically necessary.