

<b>Case Number:</b>	CM14-0155060		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/23/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 61 year old female with a 4/23/09 injury date. The mechanism of injury was not provided. In a follow-up on 8/21/14, subjective findings included chronic low back pain with radicular symptoms to the right leg of 5/10 severity. She takes Oxycontin IR sparingly for severe pain, and tramadol for moderate pain. She is avoiding medications that contain acetaminophen and does not want to become addicted to Oxycontin. Objective findings included using a single point cane, moderate right sided lumbar paraspinal muscle tenderness, limited lumbar range of motion, diminished sensation over the right lateral lower leg and sole of right foot, 1+ reflexes on the right, and 2+ reflexes on the left. A urine drug screen on 1/15/14 showed anticipated results. A lumbar MRI (date not specified) showed moderate L5-S1 neural foraminal stenosis, no central canal stenosis, and evidence of prior decompression and L2-5 fusion. Diagnostic impression: chronic low back pain, s/p lumbar fusion, lumbar radiculopathy, knee meniscus tears. Treatment to date: medications, pool therapy, physical therapy, left knee arthroscopy, lumbar L3-5 fusion (1/21/13). A UR decision on 8/29/14 partially certified the requests for tramadol 50 mg to allow for tramadol 50 mg #120 one time only to initiate the weaning process. The rationale was that tramadol is a second-line opiate and there was no indication of a failure of a first-line opiate. The requests for inferential stimulator trials were denied because the guidelines do not support this treatment as an isolated intervention. The request for urine drug screen was denied because there was no documentation of provider concerns over patient drug abuse or non-compliance, and no documentation of previous screening results over the past 12 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 MG (RX 06/26/2014) Qty: 300:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates, Tramadol Page(s): 78-81, 113.

**Decision rationale:** CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. 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. However, given the 2009 date of injury, the duration of opiate use to date is not clear. In addition, there is no rationale for concurrent prescriptions for Oxycontin and tramadol. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing to avoid withdrawal symptoms. Therefore, the request for Tramadol 50 mg (Rx 06/26/2014) Qty: 300 is not medically necessary.

**Tramadol 50 MG (RX 08/21/2014) Qty: 300:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates, Tramadol Page(s): 78-81, 113.

**Decision rationale:** CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. 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. However, given the 2009 date of injury, the duration of opiate use to date is not clear. In addition, there is no rationale for concurrent prescriptions for Oxycontin and tramadol. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would

be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing to avoid withdrawal symptoms. Therefore, the request for Tramadol 50 mg (Rx 08/21/2014) is not medically necessary.

**Trial Inferential Stimulator (RX 06/26/2014) (months) Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [https://www.premera.com/medicalpolicies/cmi\\_132905.htm](https://www.premera.com/medicalpolicies/cmi_132905.htm)

**Decision rationale:** CA MTUS and ODG do not address this issue. Premera Blue Cross Medical Policy updates indicate that Interferential current stimulation is considered investigational. Interferential current stimulation (IFS) is a type of electrical stimulation. It is believed that IFS permeates the tissues more effectively and thus is more comfortable than transcutaneous electrical nerve stimulation (TENS). Interferential current stimulation has primarily been investigated as a technique to reduce pain but has also been proposed to increase function of patients with osteoarthritis and to treat other conditions such as dyspepsia, irritable bowel syndrome, and constipation. However, the body of evidence suggests, although is not definitive, that IFS is not efficacious for improving pain, function and/or ROM (range of motion) for patients with musculoskeletal conditions. Therefore, the request for Trial Inferential Stimulator (Rx 06/26/2014) (months) Qty: 1.00 is not medically necessary.

**Trial Inferential Stimulator (RX 08/21/2014) (months) Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [https://www.premera.com/medicalpolicies/cmi\\_132905.htm](https://www.premera.com/medicalpolicies/cmi_132905.htm)

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musculoskeletal conditions. Therefore, the request for Trial Inferential Stimulator (Rx 08/21/2014) (months) Qty: 1.00 is not medically necessary.

**Urine Drug Screen (RX 08/21/2014) Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing, Urine testing in ongoing opiate management 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. However, there is no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications. Therefore, the request for Urine Drug Screen (Rx 08/21/2014) Qty: 1.00 is not medically necessary.