

<b>Case Number:</b>	CM14-0173704		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	05/16/2007
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 52 year old with an injury date on 5/16/07. Patient complains of constant lumbar pain rated 7/10, and decreasing left leg pain with tingling per 9/23/14 report. Patient is doing a home exercise program but effect is not documented per 9/23/14 report. Based on the 9/23/14 progress report provided by [REDACTED] the diagnoses are: 1. L-spine s/s2. L-spine disc herniation3. L-spine radiculopathyExam on 9/23/14 showed "L-spine range of motion restricted with flexion at 45 degrees." Patient's treatment history includes home exercise program, and medication (Norco, Gabapentin, Ambien, Tramadol, Ibuprofen). [REDACTED] is requesting ROM testing, Tramadol 50mg (amt not specified), Norco 10/325mg (amt not specified), urine toxicology DOS 8/26/14, 9/23/14. The utilization review determination being challenged is dated 10/3/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/29/14 to 11/5/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ROM Testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter; regarding: ROM & Stretching.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ROM Testing,.

**Decision rationale:** This patient presents with lower back pain and left leg pain. The treating physician has asked for ROM Testing on 9/23/14. There are no evidence based guidelines discussions regarding computerized ROM testing. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ROM measurements obtained in degrees is something that can easily be obtained via clinical examination. It does not require computerized measuring. ROM is part of a routine physical examination findings. The request is not medically necessary.

**Tramadol 50mg (amt not specified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regarding: Tramadol/On-Going Management of Opioids Page(s): 79-80,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78..

**Decision rationale:** This patient presents with lower back pain and left leg pain. The treating physician has asked for Tramadol 50mg (amt not specified) on 9/23/14. Patient has been taking tramadol since 7/29/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician does not indicate any decrease in pain with current medications which include tramadol. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

**Norco 10/325mg (amt not specified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regarding: Norco/On-Going Management of Opioids Page(s): 79-80, 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88, 89, 76-78..

**Decision rationale:** This patient presents with lower back pain and left leg pain. The treating physician has asked for Norco 10/325mg (amt not specified) on 9/23/14. Patient has been taking Norco since 7/29/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician does not indicate a decrease in pain with current medications which include Norco. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

**Urine Toxicology DOS: 8-26-14, 9-23-14:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regarding: Urine drug screen; Opioids: Steps to take before a Ther. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid opioid misuse, Opioids, steps to avoid misuse/addiction, Drug Testing Page(s):.

**Decision rationale:** This patient presents with lower back pain and left leg pain. The treating physician has asked for Urine Toxicology DOS 8/26/14, 9/23/14 on 9/23/14. It is not known when patient's most recent urine drug screen prior to 8/26/14 was done. The 8/26/14 report showed positive for Norhydrocodone and Gabapentin, which was not consistent, and the 9/23/14 report showed positive for Carisprodol and Gabapentin, which was not consistent. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. In this case, the treating physician has asked for drug screen to monitor current opiate usage which is in line with MTUS guidelines. It appears treating physician requested a repeat urine drug screen on 9/23/14 as the one on 8/26/14 showed inconsistent results. Repeat UDS would appear reasonable and consistent with chronic opiate use monitoring. The request is medically necessary.