

<b>Case Number:</b>	CM14-0182150		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	09/28/2000
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 69-year-old woman who sustained a work-related injury on September 28, 2000. Subsequently, the patient developed with chronic bilateral shoulder pain. According to a progress report dated on October 9, 2014, patient continued to have, chronic shoulder pain. The patient physical examination demonstrated the tenderness over the shoulders bilaterally with reduced range of motion. The patient was diagnosed with rotator cuff strain. The patient was treated with the tramadol since August 14, 2014 without clear documentation of efficacy, safety and the compliance. The provider request authorization for saliva testing, pain panel screening and tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Saliva Testing / Buccal Smear: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cytokine DNA testing

**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: Iepstad, P., T. Fladvad, F. Skorpen, K. Bjordal, A. Caraceni, O. Dale, A. Davies, M. Kloke, S. Lundstrom, M. Maltoni, L. Radbruch, R. Sabatowski, V. Sigurdardottir, F. Strasser, P. M. Fayers, S. Kaasa, C. European Palliative Care Research and N. European Association for

Palliative Care Research (2011). "Influence from genetic variability on opioid use for cancer pain: a European genetic association study

**Decision rationale:** The provider requested authorization for genetic testing before starting Oxycodone to probably investigate the pharmacokinetic and pharmacodynamics of the drug. However, there is no documentation or controlled studies supporting the benefit of genetic testing before starting opioids. Therefore, the request for genetic testing is not medically necessary.

**1 Pain Panel Screening:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. <(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs>. In this case, there is no documentation of drug abuse or aberrant behavior. There is no previous urine drug screen suggestive of problem with compliance, drug abuse or drug misuse. There is no rationale provided for requesting urine drug screen. Therefore, Pain Panel Screening is not medically necessary.

**Tramadol 50mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212,Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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>Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no clear documentation

of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with her medications, monitoring for side effects and aberrant behavior. Therefore, the prescription of Tramadol 50mg, #120 is not medically necessary.