

Case Number:	CM14-0024992		
Date Assigned:	06/11/2014	Date of Injury:	04/02/2013
Decision Date:	08/12/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/27/2014

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 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 injured worker is a 59-year-old male with a reported date of injury on 04/02/2013. The mechanism of injury was noted to be cumulative trauma. His diagnoses were noted to include low back pain, lumbar radiculopathy, lumbar degenerative disc disease, lumbar discogenic pain syndrome, chronic pain, myalgia, bilateral hip pain, history of total hip replacement, and bilateral knee pain. His previous treatments were noted to include aqua therapy, lumbar epidural steroid injection, chiropractic treatment, and medications. The progress note dated 02/12/2014 revealed the injured worker complained of low back, bilateral hip, and bilateral knee pain. The injured worker was not interested in taking narcotics and described his pain as aching with numbness in the toes of his right foot. The injured worker rated his pain 8/10 without medications and with medications 5/10. The injured worker was not taking narcotics prior to this examination. The physical examination revealed 5/5 bilateral lower extremity strength with intact and equal sensation and deep tendon reflexes were 2+ and symmetric. There was tenderness noted over the paraspinals and the medial and lateral joint line of the bilateral knees. There was increased pain with flexion and extension and decreased range of motion with extension. There was a positive straight leg raise to the left leg noted and full range of motion to the right hip. The provider indicated the injured worker was to continue to take Tylenol and naproxen prescribed by his primary care physician and was prescribed tramadol 50 mg which he was only to take when he was having a flare up of pain. A urine toxicology screening was performed to see if the injured worker was taking his opiate medication appropriately and not taking illicit substances. The progress note dated 05/07/2014 revealed the injured worker complained of pain regarding his low back, bilateral hip, bilateral knee pain. The injured worker had a lumbar epidural steroid injection on 03/10/2014 and did not feel that it provided any pain relief. The injured worker indicated the medications were helpful and was taking tramadol for moderate to severe pain. The

injured worker rated his pain as 8/10 without medications and 5/10 with medications. The physical examination revealed 5/5 strength to the bilateral lower extremities, as well as intact sensation and +2 deep tendon reflexes. There was tenderness noted over the paraspinals and increased pain with flexion and extension. There was a positive straight leg noticed on the left. The Request for Authorization form was not submitted within the medical records. The request is for Ultram 50 mg #100 for severe pain and a retrospective urine toxicology screen performed 02/12/2014 to monitor appropriate opioid utilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ULTRAM 50MG, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The prescription of Ultram 50 mg #100 is not medically necessary. The injured worker has been taking this medication since 02/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker indicated his pain was rated 8/10 without medications and 5/10 with. There is a lack of documentation regarding improved functional status with regards to activities of daily living, side effects, and the first urine drug screen was performed was 02/2014. Therefore, despite evidence of increased of significant pain relief, due to a lack of documentation regarding increased functional status, side effects, and without details regarding urine drug screen to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

RETROSPECTIVE URINE TOX SCREEN (PERFORMED 02/12/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, Steps to take before a therapeutic trial Page(s): 43, 47.

Decision rationale: The retrospective urine tox screen, performed 02/12/2014, is not medically necessary. The injured worker had a previous urine drug screen and started opioid therapy 02/12/2014. The California Chronic Pain Medical Treatment Guidelines recommend drug testing

as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The guidelines indicate utilization of a drug screening or inpatient treatment with issues of abuse, addiction, for poor pain control. The documentation provided indicated the injured worker was not taking opioids prior to 02/12/2014 and the injured worker indicated he did not want to take narcotics. The urine drug screening performed 02/12/2014 was indicated by the provider it was to monitor his opioid medication use; however, there is a lack of documentation regarding the injured worker utilizing opioids previous to this date and there was not an indication the injured worker was exhibiting aberrant drug taking behavior. Therefore, the request is not medically necessary.