

Case Number:	CM14-0038794		
Date Assigned:	06/27/2014	Date of Injury:	06/30/2011
Decision Date:	08/13/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/02/2014

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 Emergency Medicine and is licensed to practice in New York. 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 35- year-old female who was injured on June 30, 2011. The patient continued to experience pain in her neck, mid-back, lower back, bilateral shoulders, and bilateral wrists. The physical examination was notable for tenderness to the neck and back, and trigger points in her back. Diagnoses included cervical spine herniated disc, thoracic sprain/strain, lumbar sprain/strain, and bilateral shoulder sprain/strain. Treatment included surgery and medications. Requests for authorization for urine drug screening and Tramadol 150 mg # 30 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 urine toxicology screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain, urine drug testing.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being

treated with opioids. The ODG criteria for urinary drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. The patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case the patient was not exhibiting addiction/aberrant behavior. The date of the previous urine drug test is not available. The records indicate that the patient underwent prior urine drug testing in February 2014. Urine drug testing one month later is not indicated. Therefore the request is not medically necessary.

Prospective request for Tramadol 150 mg. # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking selective serotonin re-uptake inhibitors, tricyclic antidepressants and other opioids. The Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. The criterion for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case there is no documentation of the duration of Tramadol use. Prior reviews indicate that the patient had been using Tramadol since at least February 2012 and had not obtained analgesia. There is also no documentation that the patient had signed an opioid contract. Criteria for long-term opioid use have not been met. Therefore the request is not medically necessary.