

Case Number:	CM14-0047803		
Date Assigned:	06/25/2014	Date of Injury:	01/07/2009
Decision Date:	07/28/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/28/2014

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 Family Practice 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:

Claimant is a 42 year old female who sustained a work injury on 1/7/09 involving the neck, back and upper extremities. He had a diagnosis of lumbar/cervical degenerative disc disease along with paresthesia in the arms. A progress note on 2/4/14 indicated the claimant had continued neck and back pain with weakness and numbness in the legs. The claimant had decreased pain (from 8/10 to 6/10) with medications and improved function. The treating physician continued her Tramadol 50 mg every 6 hours along with Elavil 25 mg at bed time. Previously the claimant had been on Norco and Soma since 2012. The physician had noted that the claimant had failed on other medications and therapy and therefore went to Tramadol as 2nd line therapy. A urine drug screen was also ordered to monitor compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ultram (tramadol 50mg), #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Opioids long -term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol and pg 93-94 Page(s): 93-94.

Decision rationale: In this case, the claimant had been on other opioids including Norco in the past 2 years. There is no evidence that one opioid is superior to another. In addition the claimant's pain only dropped 1 -2 points on a scale from baseline. Continued use of Tramadol is not medically necessary.

1 Urine Toxicology 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 Urine Toxicology Page(s): 83-91.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and lack of evidence of abuse, a urine toxicology screen is not medically necessary.