

Case Number:	CM14-0047975		
Date Assigned:	07/02/2014	Date of Injury:	08/27/2004
Decision Date:	08/26/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational Medicine and is licensed to practice 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 67-year-old male who has submitted a claim for chronic pain syndrome, status post knee surgery, and status post inguinal hernia repair; associated with an industrial injury date of 08/27/2004. Medical records from 2013 to 2014 were reviewed and showed that patient complained of persistent inguinal pain made worse by cold weather. Pain is decreased from 8/10 to 5/10 with medications which allows patient to perform ADLs. Physical examination showed that patient had an antalgic gait. Tenderness was noted in the inguinal region. Treatment to date has included medications, and surgery as stated above. Utilization review, dated 04/08/2014, modified the request for Ultram because of lack of documentation of recent urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant; and denied the request for urine toxicology because the rationale for repeating the test so often in a patient who is at low risk for abuse and diversion was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: 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 for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed Ultram since at least 2013. Medication decrease pain from 8/10 to 5/10, allowing patient to perform activities of daily living. No adverse side effects have been reported. Therefore, the request for ULTRAM 50MG #60 is medically necessary.

Urine Toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Toxicology.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random Urine Toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the patient can be classified as 'low risk' due to absence of psychiatric comorbidity. Urine drug tests have been performed on 11/13/2013 and 04/02/2014, which exceeds the recommended amount of urine drug tests given that the patient is low risk for drug abuse. Therefore, the request for Urine Toxicology is not medically necessary.