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| Case Number: | CM14-0052946 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 02/11/2013 |
| Decision Date: | 08/14/2014 | UR Denial Date: | 04/04/2014 |
| Priority: | Standard | Application Received: | 04/21/2014 |

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 & 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:

According to the records made available for review, this is a 54-year-old male with a 2/11/13 date of injury. At the time (4/23/14) of the request for authorization for Tramadol 37.5/325 mg #60 and an in-office 12 Panel Urine Drug Screen, there is documentation of subjective (bilateral lower neck pain) and objective (tenderness upon palpation of the cervical paraspinal muscles overlying bilateral C4-C7 facet joints, cervical ranges of motion were restricted by pain in all directions) findings, current diagnoses (bilateral cervical facet joint pain at C4 to C7, cervical facet joint arthropathy, cervical sprain/strain, cervical whiplash, and post-concussion syndrome), and treatment to date (medication including ongoing use of Tramadol). Regarding Tramadol 37.5/325 mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; Tramadol is being used as a second-line treatment (alone or in combination with first-line drugs); functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325 mg. # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol and Acetaminophen (Ultracet). Decision based on Non-MTUS Citation MedicineNet.com, Ultracet.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80 ,113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, the MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral cervical facet joint pain at C4 to C7, cervical facet joint arthropathy, cervical sprain/strain, cervical whiplash, and post-concussion syndrome. In addition, there is documentation of ongoing use of Tramadol. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and that there will be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Tramadol is being used as a second-line treatment (alone or in combination with first-line drugs). Furthermore, given documentation of ongoing use of Tramadol, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Tramadol. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 37.5/325 mg #60 is not medically necessary.

In-Office 12 Panel Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter: Urine Drug Testing (UDT).

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patients under on-going opioid treatment, as criteria necessary to support the medical necessity of a Urine Drug Screen. The ODG supports urine drug testing within six months of initiation of opioid therapy and on a

yearly basis thereafter for patients at low risk of addiction, 2 to 3 times a year for patients at moderate risk of addiction and misuse, as well as testing as often as once per month for patients at high risk of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of bilateral cervical facet joint pain at C4 to C7, cervical facet joint arthropathy, cervical sprain/strain, cervical whiplash, and post-concussion syndrome. In addition, there is documentation of ongoing opioid treatment. Therefore, based on the guidelines and a review of the evidence, the request for In-Office 12 Panel Urine Drug Screen is medically necessary.