

Case Number:	CM14-0057003		
Date Assigned:	07/09/2014	Date of Injury:	03/19/2008
Decision Date:	08/28/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 Medicine and is licensed to practice in North Carolina. 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 has a reported injuries on 06/23/2002, 10/02/2003 and 03/19/2008. Current Diagnoses include, lumbar discopathy, L4-L5 and L5-S1 disc herniation, right knee internal derangement, left knee compensatory pain, bilateral knee tendinopathy and status post left knee surgery. The progress notes provided by the primary treating physician dated 03/18/2014 indicated that the patient has complaints of aching pain in the upper back and stabbing pain in the lower back, as well as aching/burning pain in the knees. There is also documentation of numbness in the upper and lower extremities. The physical exam shows decreased range of motion with muscle spasms over the lumbar spine and tenderness to palpation in the paraspinal muscles of the thoracic and lumbar region. There was also tenderness to palpation in the left knee with decreased range of motion and an effusion. The patient's medications included tramadol, alprazolam, Ambien, tizanidine and naproxen. The treatment plan included a request for a new cervical MRI and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Lab Testing; Webster, 2008; Passik, 2000.

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

Decision rationale: The California chronic pain medical treatment guidelines section on ongoing treatment with opioids states, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. Tramadol is secreted in the urine as the unchanged parent drug, the free and conjugated Odesmeth, and the free and conjugated Odesmeth. Tramadol does not test positive for opioids in the standard urine drug screen. Since the patient is on no medications that require routine urinalysis, the request is considered not medically necessary.