

<b>Case Number:</b>	CM14-0067569		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 and 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:

The patient is a 68 year old female who sustained an industrial injury on 5/13/2013. The primary diagnosis is wrist sprain and strain. A prior peer review was performed on 4/23/2014, which non-Final Determination Letter for [REDACTED] 3certified the requested Ultracet and urine drug screen. Per the report, medical records reviewed included UDS dated 9/30/2013, 1/8/2014, and 3/5/2014, which all tested negative for Tramadol which was prescribed. A urine toxicology report dated 10/18/2013 indicates only tramadol was detected in the sample collected on 10/07/2013, consistent with prescribed. A 2/19/2014 operative report documents the patient underwent facet blocks at bilateral L4-5, L5-S1, and L5-S1 levels. A 5/16/2014 operative report documents the patient underwent right knee medial meniscectomy and chondroplasty. An injection to the right subacromial space and right acromioclavicular joint were also administered. A Urine toxicology report dated 3/11/2014 documents patient's medication list includes prilosec, ultracet, relafen and norflex. The sample collected on 3/5/2014, is negative for all tests. The patient was seen for pain management re-evaluation on 3/5/2014. She complains of low back pain and some right shoulder pain. She had pain with lumbar ESI, but still has axial pain that goes to 8/10. She also had relief with lumbar facet block for 2 days. Physical examination reveals restricted lumbar ROM, 2+ pain with motion, pain with palpation of lower lumbar spinous process and facets, positive right facet loading, and muscle spasm, and Patrick/Fabere is positive bilaterally more on the right. Right shoulder motion illicit 1+ pain with motion with some tenderness of the AC joint and anterior glenoid capsule, positive Tinel's on right more than left, and questionable Neer's test. Treatment recommendation includes lumbar radiofrequency ablation, and refill of medications Relafen, norflex, omeprazole, ultracet, and topical compounds, and repeat toxicology screen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-91.

**Decision rationale:** According to the CA MTUS guidelines, Urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. In this patient's case, the treating physician has not documented any aberrant or suspicious drug seeking behavior. Furthermore, UDS have been previously performed. The medical records document samples were collected for urine drug screens, and according to the 3/11/2014 urine toxicology reports, no drugs/medications were detected. The medical records document the patient is prescribed medications including opioids. Perhaps there is question of compliance, it would not appear that the patient has been taking the medications as prescribed. The medical records do not indicate that the results of these prior UDS results have been discussed or used to help direct course of care. The medical records do not provide a clinical rationale for obtaining another UDS. Furthermore, Ultracet is not determined as medically necessary. The requested urine toxicology test is not supported within the evidence based guidelines. Therefore is not medically necessary.

**Ultracet 37.5/325mg 1 by mouth every 12 hours severe pain no. 60:** Upheld

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

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

**Decision rationale:** According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The patient has not returned to work. There is no evidence that notable pain relief and functional improvement have been obtained as result of ongoing use of Ultracet. There is no indication that regular assessment of non-opioid and non-pharmacologic means of pain management have been done. The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. The medical records have not demonstrated the requirements per the guidelines, for continued opioid therapy

have been met. Long-term use of opioids for non-malignant pain is not generally recommended. The medical necessity for Ultracet has not been established. Therefore is not medically necessary.