MAXIMUS Federal Services

Case Number:	CM14-0070858		
Date Assigned:	07/14/2014	Date of Injury:	06/22/2004
Decision Date:	09/17/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/16/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 63-year-old female who has submitted a claim for lumbar strain/sprain, lumbar stenosis, and lumbar radiculopathy associated with an industrial injury date of 6/22/2004.Medical records from 2013-2014 were reviewed. Patient complained of low back pain radiating to bilateral lower extremities. Physical examination on of the lumbar spine showed restricted range of motion. No tenderness was noted. Gait was slightly antalgic. Motor strength of bilateral L4 and L5 myotome was rated 4/5. Reflexes were intact. Sensation was diminished along the L4 to S1 dermatomes bilaterally. Urine drug screen from 4/9/2014 showed positive levels for tricyclic antidepressants. Treatment to date has included lumbar epidural steroid injection, and medications such as Toradol injection, Neurontin, Celebrex, Tylenol, and tramadol (since April 2014). A utilization review from 5/5/2014 modified the request for tramadol 150 mg, #60 into a quantity 30 for the purpose of weaning because there was no evidence that first-line therapy had been attempted; and denied urine drug screen because weaning off from opioids was initially recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: Upheld

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

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

Decision rationale: As indicated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related 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 on tramadol since April 2014 as adjuvant therapy to Celebrex, Tylenol, and Neurontin. However, succeeding progress reports failed to document pain relief and functional improvement derived from tramadol use. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tramadol 150mg #60 is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health Systems Guidelines for Clinical care: Managing Chronic Non-terminal Pain, including prescribing controlled substances pg 33.

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

Decision rationale: As indicated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, the most recent urine drug screen from 4/9/2014 showed consistent result with the prescribed medications. There was no discussion concerning abuse, diversion, and aberrant drug behavior to warrant more frequent screening. Moreover, simultaneous request for tramadol had been deemed not medically necessary. There was no clear indication for repeat urine drug screen at this time. Therefore, the request for urine drug screen is not medically necessary.