

Case Number:	CM14-0074997		
Date Assigned:	07/16/2014	Date of Injury:	01/13/2006
Decision Date:	09/22/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/21/2014

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 Occupational Medicine 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 56-year-old male who has submitted a claim for post-traumatic osteoarthritis of both knees, and lumbosacral sprain and strain with lumbar radiculopathy; associated with an industrial injury date of 01/13/2006. Medical records from 2013 to 2014 were reviewed and showed that the patient complained of low back pain graded 8/10, and knee pain graded 6/10. Physical examination showed lumbar spine tenderness. Range of motion was restricted. Atrophy and weakness of the quadriceps was noted. Treatment to date has included medications and physical therapy. Utilization review, dated 05/01/2014, denied the request for Ultram ER because the was no complete assessment of current pain, and it appeared that the patient does not have improvement in function; and denied the request for urine toxicology screen because the request for a refill of Tramadol was non-certified and the necessity for urine drug screening to evaluate use of opiates had been negated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 mg, Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines for Opiate Use and Opioid Treatment for Chronic Non-malignant Pain and Functional improvement measures Page(s): 48.

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

Decision rationale: As stated on page 78 of 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, the patient has been prescribed Ultram ER since at least January 2014. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not medically necessary.

Urine toxicity screen, Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opioid Use Page(s): 78, 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING, OPIOIDS Page(s): 43, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state urine drug screening (UDS) is recommended to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to avoid opioid misuse/addiction. In this case, the patient complains of low back and knee pain despite medications and physical therapy. However, the previous request for Ultram ER is not medically necessary and has been denied. Therefore, there is no indication for a urine drug screen in this case. As such, the request is not medically necessary.