

Case Number:	CM14-0075083		
Date Assigned:	07/16/2014	Date of Injury:	12/07/2011
Decision Date:	09/19/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/22/2014

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 injured worker is a 67-year-old male who was reportedly injured on December 7, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 12, 2014, indicated that there were ongoing complaints of low back and right hip pains with right lower extremity involvement. The physical examination demonstrated a 5'9", 232 pound individual who was hypertensive (150/90). A decrease in lumbar spine range of motion was reported. There was tenderness to palpation and muscle spasm noted. A decrease in deep tendon reflexes was also noted. Patrick sign was positive on the right. Diagnostic imaging studies were not presented for review. Previous treatment included epidural steroid injections, multiple medications, and physical therapy. A request was made for epidural steroid injections and was not certified in the pre-authorization process on April 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this is a synthetic opioid analgesic not recommended as a first-line oral preparation. This is indicated for short-term treatment after there has been evidence of first-line analgesic. However, what is noted is that there is no noted efficacy or utility with this medication. There is no improvement in functionality, decrease in symptomatology, or amelioration of the pain complaints. Therefore, the efficacy of this medication is not established and the medical necessity is not proven.

Retrospective request for Urine Drug Screen performed on 02.12.2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Criteria for use of opioids, page 78.

Decision rationale: The parameters for urine drug screening, as outlined in the California Medical Treatment Utilization Schedule, notes that there has to be some indication of potential of abuse, drug diversions, illicit drug use or other indicator. The progress notes presented for review do not indicate any such activity. As such, based on the data presented for review, this is not medically necessary.