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| <b>Case Number:</b>   | CM14-0102065 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 12/31/2005 |
| <b>Decision Date:</b> | 07/01/2015   | <b>UR Denial Date:</b>       | 06/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/02/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 54 year old female with an industrial injury dated 10/02/2005 to 02/09/2006 (cumulative trauma). The mechanism of injury is documented as a lifting type injury causing injury to the mid and low back. Diagnoses included lumbar radiculopathy, myofascial syndrome, chronic pain related insomnia and chronic pain related sexual dysfunction. Prior treatments included physical therapy, diagnostics (MRI), lumbar corset and medications. Medical issues included myocardial infarction and coronary artery bypass grafting in May of 2007; non-insulin dependent diabetes, hypertension and high cholesterol. She presents on 01/23/2015 with complaints of low back pain described as constant, aching, pins and needles and sharp in nature. There is associated radiation to both legs with numbness and pins and needles. She rates the pain as 7/10 on the date of her office visit. She states she experiences difficulty falling asleep and staying asleep due to pain. She also experiences some anxiety and depression as a result of her lack of sleep. Her current medications included Aspirin, Diltiazem, and Pravastatin, CoQ10 supplement, Vitamin B 12, Garlic supplement and Ibuprofen. Failed medications are documented as Norco which caused nausea, stomach pain, anxiety and headaches. Physical exam revealed antalgic gait with decreased range of motion of the lumbar spine. Extension of the lumbar spine caused severe pain. Tenderness and trigger points were noted on lumbar spine exam. MRI of the lumbar spine done on 11/19/2013 showed degenerative changes in the lumbar spine which were similar in appearance when compared to the prior MRI on 10/28/2011. The injured worker states physical therapy, medication tiger balm and a hot bath ease her pain. She has been referred to an orthopedic surgeon. She continued to work her same

job which required repetitive lifting. Requested treatments included urine drug screen, one time saliva DNA testing to assess the injured worker's predisposition (if any) to prescription narcotic addiction/dependence, Tramadol 50 mg one every 8 hours as needed for severe pain # 60, Voltaren 75 mg 1 every 8 hours for inflammation and pain # 45, Vitamin D3 5000 units 3 on Monday, Wednesday and Friday # 60 and to return to the clinic in 4 weeks for re-evaluation pending authorization for possible lumbar epidural steroid injections and trigger point injections.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Urine Drug Screen: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use Page(s): 43, 78.

**Decision rationale:** The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. The medical records do not establish that the injured worker meets the criteria for undergoing urine drug screening. The request for 1 Urine Drug Screen is not medically necessary and appropriate.

#### **1 Saliva DNA Testing: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**Decision rationale:** According to ODG, genetic testing for potential opioid abuse is not recommended. As noted in ODG, while there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Per the evidence based guidelines, genetic testing for potential opioid abuse is not recommended and therefore the request for 1 Saliva DNA Testing is not medically necessary and appropriate.

#### **Tramadol 50mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids , Tramadol Page(s): 74-96, 118.

**Decision rationale:** Per the MTUS guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The MTUS guidelines state that opioids are considered a second-line treatment for several reasons: (1) head-to-head comparisons have found that opioids produce more side effects than TCAs and gabapentin; (2) long-term safety has not been systematically studied; (3) long-term use may result in immunological and endocrine problems (including hypogonadism); (4) treatment may be associated with hyperalgesia; & (5) opioid use is associated with misuse/abuse. The medical records in this case, do not establish attempt at treatment of the injured worker's chronic pain with the use of non-opioid analgesic adjuvants. The long term use of opioids leads to dependence and tolerance and the request for Tramadol 50 mg #60 is not medically necessary and appropriate.

**Vitamin D3 5000 Unit, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**Decision rationale:** According to ODG, Vitamin D (cholecalciferol) is not recommended for the treatment of chronic pain based on recent research. As noted in ODG, Although it is not recommended as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally considered a workers' compensation condition. The medical records do not establish Vitamin D deficiency do support the request for supplementation. The request for Vitamin D3 5000 Unit, #60 is not medically necessary and appropriate.