

Case Number:	CM14-0126950		
Date Assigned:	08/13/2014	Date of Injury:	04/18/1996
Decision Date:	07/01/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/11/2014

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 62 year old male, who sustained an industrial injury on 4/18/1996. He reported low back pain after lifting a barrel of fertilizer. The injured worker was diagnosed as having status post lumbar fusion, and lumbar radiculitis. Treatment to date has included magnetic resonance imaging of lumbar spine (6/9/2009, 9/6/2012), medications, urine toxicology (5/6/2014), and lumbar fusion. The request is for Ultram, and urine toxicology. On 5/6/2014, he complained of low back pain with right sciatica symptoms. He described the pain as aching, and rated the intensity 6/10 with medications and 8/10 without medications. He indicated walking is very difficult due to a flopping sensation of the right foot and frequent tripping. Physical examination revealed range of motion of the lumbar spine/normal as: extension 10/25, left lateral flexion 10/25, right lateral flexion 10/25, left rotation 5/30, and right rotation 5/30. He has a decreased sensation over the plantar right foot and lateral right calf. A urine toxicology completed on this date revealed results consistent with the patient's medications. The treatment plan included: Vicodin, Ultram and urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ultram 50mg #240 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram).

Decision rationale: Tramadol is classified as a central acting synthetic opioids. MTUS states regarding Tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." MTUS states that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The UR modified the request to allow for every 3-month follow up of this medication, which is appropriate. As such, the request for 1 Prescription of Ultram 50mg #240 with 4 refills as written is in excess of the patient's follow up and is not medically necessary.

1 Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." Would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. 'Moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. 'High risk' of adverse outcomes may require testing as often as once per month. There is documentation provided to fails to suggest issues of abuse, misuse, or addiction. Previous UA are consistent with the patient's prescribed medications. The patient is classified as low risk. As such, the current request for 1 Urine Toxicology is not medically necessary.