MAXIMUS Federal Services

Case Number:	CM14-0131082		
Date Assigned:	08/20/2014	Date of Injury:	06/01/1997
Decision Date:	01/31/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/15/2014

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 Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 61 year old female with a work injury dated 6/1/97.The diagnoses include impingement syndrome and myofascial pain.Under consideration is a request for Tramadol (Ultracet) 325/37.5mg #60 with 1 refill.There is an 8/6/14 progress note that states that the patient has complaints of intractable neck pain due to a work injury. The patient is seen today for chronic pain management. The quality of pain is dull. The duration is constant. The severity is mild to moderate. The pain radiation is between the shoulder blades. The associated symptoms are stiffness, waking up at night. The chronic pain is stable. The patient is experiencing pain level fluctuations with a stable baseline. The patient continues pain medications. The patient has modified activity level. The quality of pain is sharp and constant. The exam findings reveal the patient is well developed, well nourished with good grooming and hygiene. The mental status is normal mood and affect and alert and oriented x 3. Patient was started on Ultracet, and to continue Ambien. A qualitative urinalysis was administered. MRI of the right and left shoulder dated 5/30/2005 and 11/07/2005 revealed mild impinging of the supraspinatus tendon bilaterally with evidence of osteoarthritis. The patient was diagnosed with impingement syndrome and myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultracet) 325/37.5mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management of Opioids Page(s): 78-80.

Decision rationale: Tramadol (Ultracet) 325/37.5mg #60 with 1 refill is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant evidence of functional improvement therefore the request for Tramadol (Ultracet) 325/37.5mg #60 with 1 refill is not medically necessary.

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Urine Drug Testing (UDT)

Decision rationale: One urine drug screen is not medically necessary per the MTUS Guidelines and the ODG. The MTUS recommends random drug testing, not at office visits or regular intervals. The ODG states that the frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "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. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The documentation does not indicate evidence of high risk adverse outcomes from prior testing. The documentation is not clear on how many prior urine toxicology tests all together were performed and the results of all of these tests. Additionally, Ultracet was deemed not medically necessary therefore the request for 1 urine drug screen is not medically necessary.