

Case Number:	CM15-0003493		
Date Assigned:	01/14/2015	Date of Injury:	07/14/2006
Decision Date:	04/15/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/07/2015

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: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on 7/14/06. He has reported low back pain. The diagnoses have included lumbar spine strain/sprain and lumbar spine radiculopathy. Treatment to date has included medications and physical therapy. (MRI) magnetic resonance imaging of 11/11/14 revealed moderate broad-based posterior disc protrusion, annular disc bulge of L4-L5, L3-L4 and L2-L3. Currently, the IW complains of lumbar spine pain. Physical exam of 11/26/14 revealed tenderness to palpation over the spinous processes of L3-L4. On 12/24/14 Utilization Review non-certified a prescription for Tramadol, noting the documentation did not include any of the requirements for prescribing opioids. The MTUS, ACOEM Guidelines was cited. Utilization Review non-certified Labs (CBC, Chem 8, CPK, CRP, hepatic panel), noting there is no underlying metabolic inflammatory disorder that would interfere with treatment and current records do not indicate use of NSAIDS and urine drug screen was non-certified noting Tramadol was non-certified, there is no prescribed medication to warrant drug screening. The ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg # 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, CRITERIA FOR USE OF OPIOIDS Page(s): 113; 76-78.

Decision rationale: The patient presents with lumbar spine pain rated 08/10 which radiates down to his knees and feet. The request is for TRAMADOL 50 MG #30. The RFA provided is dated 11/26/14. Physical exam of 11/26/14 revealed tenderness to palpation over the spinous processes of L3-L4. The diagnosis included lumbar spine strain/sprain and lumbar spine radiculopathy. Concomitant medications were not provided. Patient is to return to modified duty. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The prescription for Tramadol was first mentioned in the progress report dated 11/26/14. It appears this patient is starting use of opioids with the prescription of Tramadol. Prior reports do not show that opioids are prescribed. In regards to the request for Tramadol MTUS require functional assessment. Given the patient's chronic low back pain, a trial of this synthetic opioid may be reasonable. For continued use, documentation regarding functional gains and the four A's must be provided per MTUS. The request IS medically necessary.

LABS: CBC, Chem 8, CPK, CRP, Hepatic panel and an arthritis panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>
www.nlm.nih.gov/medlineplus/ency/article/003462.htm
<http://www.nlm.nih.gov/medlineplus/ency/article/003503.htm><http://labtestsonline.org/understanding/analytes/liver-panel/tab/test/stateslabtestsonline.org/understanding/conditions/rheumatoid/start/1/>.

Decision rationale: The patient presents with lumbar spine pain rated 08/10 which radiates down to his knees and feet. The request is for LABS: CBC, CHEM 8, CPK, CRP, HEPATIC PANEL AND AN ARTHRITIS PANEL. The RFA provided is dated 11/26/14. Physical exam of 11/26/14 revealed tenderness to palpation over the spinous processes of L3-L4. The diagnosis included lumbar spine strain/sprain and lumbar spine radiculopathy. Concomitant medications were not provided. Patient is to return to modified duty. The MTUS, ODG and ACOEM guidelines are silent on these diagnostic tests. However, MedlinePlus, a service of the U.S.

National Library of Medicine, at www.nlm.nih.gov/medlineplus/ency/article/003642.htm, states that "A complete blood count (CBC) test measures the following: The number of red blood cells (RBC count), The number of white blood cells (WBC count), The total amount of hemoglobin in the blood, and The fraction of the blood composed of red blood cells (hematocrit). It also says that "It may be used to: Diagnose infections or allergies; Detect blood clotting problems or blood disorders, including anemia; and Evaluate red blood cell production or destruction."

MedlinePlus, a service of the U.S. National Library of Medicine, at www.nlm.nih.gov/medlineplus/ency/article/003356.htm, states that "C-reactive protein is produced by the liver. The level of CRP rises when there is inflammation throughout the body." It also says, "the CRP test is a general test to check for inflammation in the body. It is not a specific test. That means it can reveal that you have inflammation somewhere in your body, but it cannot pinpoint the exact location." It can be used to check for inflammatory diseases such as rheumatoid arthritis, lupus or vasculitis, or to determine the impact of an anti-inflammatory medication." However, a low CRP level does not always mean that there is no inflammation present. Levels of CRP may not be increased in people with rheumatoid arthritis and lupus. The reason for this is unknown." With regards to CPK, MedlinePlus states at

www.nlm.nih.gov/medlineplus/ency/article/003503.htm that "Creatine phosphokinase (CPK) is an enzyme found mainly in the heart, brain, and skeletal muscle. This article discusses the test to measure the amount of CPK in the blood." The test is used for diagnosing injury or stress to muscle tissue, the heart, or the brain. The Chem 8 is also known as Basic metabolic Panel.

MedlinePlus says, at www.nlm.nih.gov/medlineplus/ency/article/003462.htm, "The basic metabolic panel is a group of blood tests that provides information about your body's metabolism." The test is done to evaluate kidney function, blood sugar levels, and blood acid / base balance. Regarding Hepatic Panel, Lab Tests Online at

labtestsonline.org/understanding/analytes/liver-panel/tab/test/ states that "A liver panel may be used to screen for liver damage, especially if someone has a condition or is taking a drug that may affect the liver." Arthritis panel. As per Lab Tests Online at

labtestsonline.org/understanding/conditions/rheumatoid/start/1/, includes Rheumatoid factor (RF), Cyclic citrullinated peptide (CCP) antibody, Antinuclear antibody (ANA), Erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), Complete blood count (CBC), and Comprehensive metabolic panel (CMP). Per the treater, labs are being requested in order to ensure it is safe for this patient to hepatically metabolize and renally excrete the medications being prescribed. Per the denial report dated 12/24/14, the 09/26/12 report states the patient has abnormal liver function studies. The report states, "I do not see an industrial nexus to his liver problem." In this case, there are no prior laboratory test results for review. Review of the medical records do not provide any information regarding concomitant medications or chronic NSAID use. There are no subjective presentations or objective findings related to the presence of inflammatory disorder or a liver disease. Therefore, this request IS NOT medically necessary.

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain(Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Steps to avoid opioid misuse Page(s): 43; 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing.

Decision rationale: The patient presents with lumbar spine pain rated 08/10 which radiates down to his knees and feet. The request is for URINE DRUG SCREEN. The RFA provided is dated 11/26/14. Physical exam of 11/26/14 revealed tenderness to palpation over the spinous processes of L3-L4. The diagnosis included lumbar spine strain/sprain and lumbar spine radiculopathy. Concomitant medications were not provided. Patient is to return to modified duty. MTUS Chronic Pain Medical Treatment Guidelines, for Steps to avoid opioid misuse, pg94-95, recommends frequent random urine toxicology screens. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43: Drug testing: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. MTUS allows for drug testing to determine presence of illegal drugs, or when using opioids as a step to avoid misuse/addiction. In this case the treater requested the urine toxicology test to ensure this patient is utilizing the medications we are prescribing Given the patient's opiate regimen, a UDS would be appropriate. This request IS medically necessary.