

Case Number:	CM15-0005593		
Date Assigned:	01/20/2015	Date of Injury:	08/14/2014
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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(n) 45 year old female, who sustained an industrial injury on 8/14/14. She has reported back and bilateral upper extremity pain. The diagnoses have included C5-C6 degenerative disc disease, lumbar strain and status post carpal tunnel surgery. Treatment to date has included diagnostic studies, electrodiagnostic studies and oral medication. It is noted that the injured worker is allergic to Vicodin. As of the PR2 on 12/12/14, the injured worker is reporting 7-8/10 pain in the upper extremities, but states that 1 pill of Tramadol gives her significant improvement. She has been recommended for a TENs unit and is awaiting authorization. The treating physician is requesting to continue Tramadol 50mg #90 and a urine drug toxicology to monitor compliance with medications. There is no documentation of non-compliance with medications and no previous urine drug toxicology results in the case file. On 12/17/14 Utilization Review non-certified a urine drug toxicology and modified a prescription for Tramadol 50mg #90 to Tramadol 50mg #45. The UR physician cited the MTUS guidelines for urine drug screening frequency and the ACOEM guidelines for opioids. On 1/12/15, the injured worker submitted an application for IMR for review of a urine drug toxicology and Tramadol 50mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PAIN CHAPTER, URINE DRUG TESTING

Decision rationale: The patient presents with cervical pain rated 7-8/10 which radiates into the bilateral upper extremities, and lumbar pain rated 7-8/10 which radiates into bilateral lower extremities. The patient's date of injury is 08/14/14. Patient is status post cubital tunnel surgery at a date unspecified. The request is for URINE TOXICOLOGY SCREEN. The RFA is dated 12/12/14. Physical examination dated 12/12/14 revealed diffuse paraspinal tenderness and spasm, Spurling's sign was noted to be positive bilaterally. Patient had otherwise normal neurological function and strength to all assessed extremities. The patient is currently prescribed Tramadol, Motrin. Diagnostic reports included an EMG performed on 12/16/14, significant findings include: "Bilateral mild compression of the ulnar nerve at or near the medial epicondyle... left active C7 denervation - clinically radiculopathy - by electrodiagnostic criteria." Per progress report dated 12/12/14, patient is advised to return to work. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. In regards to the request for a urine toxicology screen to ensure this patient is compliant with prescribed medications, the request appears reasonable. Documentation provided does not show that this patient has had any urine drug screens performed to date, it appears that this is an initial screening, which is supported by guidelines. Therefore, this request IS medically necessary.

Tramadol 50mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS/ TRAMADOL Page(s): 88-89,76-78,113.

Decision rationale: The patient presents with cervical pain rated 7-8/10 which radiates into the bilateral upper extremities, and lumbar pain rated 7-8/10 which radiates into bilateral lower extremities. The patient's date of injury is 08/14/14. Patient is status post cubital tunnel surgery at a date unspecified. The request is for TRAMADOL 50MG #90. The RFA is dated 12/12/14. Physical examination dated 12/12/14 revealed diffuse paraspinal tenderness and spasm, Spurling's sign was noted to be positive bilaterally. Patient had otherwise normal neurological function and strength to all assessed extremities. The patient is currently prescribed Tramadol, Motrin. Diagnostic reports included an EMG performed on 12/16/14, significant findings include: "Bilateral mild compression of the ulnar nerve at or near the medial epicondyle... left

active C7 denervation - clinically radiculopathy - by electrodiagnostic criteria." Per progress report dated 12/12/14, patient is advised to return to work. MTUS Chronic Pain Medical Treatment Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.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.In regards to the requested Tramadol for the management of this patient's chronic pain, the request appears reasonable. Progress note dated 12/12/14 indicates that this is the initiating prescription of this medication, specifying 90 tablets with no refills and an accompanying initial urine drug screen. The previous progress notes dated 10/01/14 and 10/24/14 mention that the patient takes OTC NSAIDs for pain and do not mention previous Tramadol usage, substantiating that this is an initial prescription. Therefore, the request IS medically necessary.