

<b>Case Number:</b>	CM15-0007655		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Internal Medicine

### 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 32-year-old male, with a reported date of injury of 09/15/2008. The diagnoses include status post left mid-tibia amputation; severe phantom pain with neuromas; painful stump with difficulty wearing prosthesis; severe post-traumatic stress disorder; and back sprain/strain secondary to crutch use. Treatments have included an electromyography on the left lower extremity on 07/18/2014, oral pain medication, and topical pain creams. The comprehensive orthopedic re-evaluation dated 12/09/2014 indicates that the injured worker was measured for his new prosthesis for this left below the knee amputation. The injured worker had severe low back pain and severe thigh pain. The physical examination showed a slight short leg antalgic limp, pressure points on stump, a neuroma at the end of his stump. The treating physician prescribed Tramadol 150mg #60 as a new pain medication, and a urine toxicology test according to the MTUS Guidelines. On 01/08/2015, Utilization Review (UR) denied the request for one (1) urine drug screen, and modified the request for Tramadol 150mg #60. The UR physician noted that there was no evidence of significant improvement in pain and function with use of Tramadol, therefore, weaning should begin; documentation indicated that a prior urine drug screen was certified on 07/07/2014; and the injured worker requested changing from Tylenol #4 due to nausea to another pain medication. The MTUS Chronic Pain Guidelines and the Non-MTUS Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tramadol 150mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Pages 93-94, 113, 123 .

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is indicated for the management of moderate to moderately severe pain. The orthopedic report dated December 9, 2014 documented a history of left mid-tibia below the knee amputation, severe phantom pain with neuromas, painful stump, and back sprain and strain. Per MTUS, Tramadol is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Tramadol. Therefore, the request for Tramadol is medically necessary.

**1 urine drug screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreeme.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The orthopedic report dated December 9, 2014 documented prescriptions for Xanax and Tramadol, which are both DEA controlled substances. Per MTUS, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. MTUS guidelines support the use of urine drug screen for patients prescribed opioids. Therefore, the request for urine drug screen is medically necessary.