

Case Number:	CM15-0109515		
Date Assigned:	06/16/2015	Date of Injury:	03/02/2004
Decision Date:	07/21/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/08/2015

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, Pain Management, Occupational 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 51 year old male, who sustained an industrial injury on 3/02/2004. He reported a low back injury from lifting activities. Diagnoses include cervical strain, thoracic disc bulges, lumbar disc bulges, bilateral hip strain, bilateral knee strain, and bilateral ankle strain. Treatments to date include modified activity, NSAID, analgesic, and physical therapy. Currently, he complained of pain in the neck, upper and lower back, bilateral hips, bilateral knees and bilateral ankles. On 5/6/15, the physical examination documented no acute symptoms. The plan of care included Ultram 50mg #90 with two refills; and One (1) Qualitative/Quantitative urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg Qty 90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 79.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no functional improvement attributable to the use of opioids. This patient has not demonstrated any meaningful functional improvement according to the documentation. Therefore the Tramadol is not medically necessary.

Qualitative/Quantitative Urine Drug Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: MTUS 2009 states that urine drug screens to detect illicit substances are an option if misuse is suspected. The patient has already had a urine drug screen which demonstrated adherence to the drug regimen. The medical reports do not indicate why there are concerns for non-adherence to the prescription regimen nor is there a suspicion expressed for illicit drug use. This repeat urine drug screen is not medically necessary.