

Case Number:	CM15-0138092		
Date Assigned:	07/28/2015	Date of Injury:	07/06/2013
Decision Date:	08/24/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, 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 33-year-old female, who sustained an industrial injury on 7/06/2013. Diagnoses include lumbago, lumbar radiculopathy, lumbar facet dysfunction and gastritis. Treatment to date has included conservative treatment including home exercise, activity modification and medications. Current medication includes Tramadol. Per the Primary Treating Physician's Progress Report dated 6/15/2015, the injured worker reported that the pain was about the same. There were no new symptoms to report. She rated her current pain level as 7/10 with medications and 10/10 without medications. Physical examination revealed positive straight leg raise into the left leg. Patrick's and facet loading tests were positive. Sensation was decreased to light touch in the left ankle. On strength testing, there was weakness noted with left dorsiflexion. There was tenderness to palpation noted over the lumbar paraspinal muscles and sacroiliac joint region. The plan of care included medication management and authorization was requested for Tramadol 50mg and a urine drug screen, single class.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This claimant was injured in 2013 with diagnoses of lumbago, lumbar radiculopathy, lumbar facet dysfunction and gastritis. Treatment to date has included medications and tramadol is a current medicine. As of June 2015, the pain was unchanged. The injured worker reported that the pain was about the same. There were no new symptoms to report. Objective functional improvement out of the medicine usage is not reported. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.

Urine analysis (drug screen single class) to lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids, On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As shared previously, this claimant was injured in 2013 with diagnoses of lumbago, lumbar radiculopathy, lumbar facet dysfunction and gastritis. Treatment to date has included medications. Current medication includes Tramadol. As of June 2015, the pain was unchanged. The injured worker reported that the pain was about the same. There were no new symptoms to report. There is no documentation of drug abuse or diversion suspicions. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately not medically necessary under MTUS criteria.