

Case Number:	CM15-0140152		
Date Assigned:	07/30/2015	Date of Injury:	06/28/2013
Decision Date:	09/22/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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

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 37 year old male who sustained an industrial injury on 06-28-2013 resulting in injury to the low back. Treatment provided to date has included: chiropractic treatments with temporary relief; acupuncture with temporary relief; Toradol injections; physical therapy; extracorporeal shockwave therapy; lumbar epidural steroid injections; medications; and conservative therapies and care. Diagnostic tests performed include: MRI of the lumbar spine (2014) showing a posterior disk protrusion at L5-S1 with slight anterolisthesis of L5 on S1. There were no noted comorbidities or other dates of injury noted. On 06-18-2015, physician progress report noted complaints of low back pain. The pain was rated 7 out of 10 in severity and reduced to 6 out of 10 with the use of tramadol. Current medications include tramadol and ibuprofen. The physical exam revealed active range of motion in the lumbar spine of forward flexion to 50°, extension to 50° and bilateral flexion to 20° with pain mostly with extension; and a non-antalgic gait without the use of assistive device. The provider noted diagnoses of posterior disc protrusion (3.3mm) at L5-S1 with slight anterolisthesis of L5 on S1 (per MRI dated 07-31-2014), and lumbar spine L5-S1 radiculopathy (per EMG and NCS dated 02-25-2015). Plan of care includes laboratory testing with urine drug screening (UDS), continued medications (ibuprofen and tramadol), additional physical therapy for core strengthening, and follow-up in 6 weeks. An opiate contract was reportedly signed on 03-02-2015 per this report. The physician also indicated that laboratory testing was requested to assure safe metabolization and excretion of medications, and compliance with medications. The injured worker's work status remained temporarily partially disabled. The request for authorization and IMR (independent medical

review) includes: laboratory testing (basic metabolic panel (BMP) (Chem-8), hepatic function panel, CPK, CRP, arthritis panel and CBC), and tramadol 50mg #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Basic metabolic panel (Chem 8), hepatic function panel, CPK, CRP, arthritis panel and CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, 2010 ACCF/AHA guideline for assessment of cardiovascular risk in asymptomatic adults.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other:
<http://labtestsonline.org/understanding/analytes/cbc/tab/test>,
<http://www.questdiagnostics.com/testcenter/>.

Decision rationale: Regarding the request for screening lab work to evaluate for potential side effects of medications, California MTUS does not address the issue. There is support for periodic testing for patients utilizing chronic medications in order to evaluate for damage to organs such as the kidneys and liver. Within the documentation available for review, the patient is utilizing NSAIDs, which would require renal monitoring as well as GI monitoring. A screening tool for could include assessment of CBC for the hemoglobin. However, there are additional tests for which no rationale is provided. An arthritis panel is not a standard test across different laboratories. [REDACTED], a national laboratory, defines an arthritis panel to include Uric Acid, ANA IFA Screen with Reflex Titer and Pattern IFA, C-Reactive Protein, Streptolysin O Antibody, Rheumatoid Factor; Sed Rate, Modified, Westergren. The documentation do not indicate the need for this panel of testing. The original request for this entire panel of labs is not medically necessary.

Tramadol 50mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 75-80, 94.

Decision rationale: Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. On July 2, 2014, the [REDACTED] published in the [REDACTED] the final rule placing tramadol into schedule IV of the [REDACTED]. This rule will become effective on August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four

domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. This can include a reduction in work restrictions or significant gain in some aspect of the patient's activities. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although tramadol is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.