

Case Number:	CM15-0145055		
Date Assigned:	08/06/2015	Date of Injury:	11/21/2006
Decision Date:	09/25/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/27/2015

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, Hawaii
 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 60-year-old male, with a reported date of injury of 11-21-2006. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include right shoulder massive rotator cuff tear. Treatments and evaluation to date have included oral medications and right shoulder surgery. The diagnostic studies to date were not indicated. The medical records included the urine drug screen dated 12-11-2014, which was positive for opioids. The interim report dated 05-28-2015 indicates that the injured worker had persistent right shoulder pain and weakness. It was noted that he had a massive un-repairable rotator cuff tear. The objective findings of the right shoulder include healed surgical incisions; forward flexion at 120 degrees; abduction at 120 degrees; internal rotation at 10 degrees; pain with range of motion; global shoulder weakness due to the massive un-repairable rotator cuff tear. It was noted that the injured worker's right shoulder pain was more severe over the last month. He took Tramadol as needed for severe pain. A urine toxicology screen was obtained on the day of the visit. The injured worker remained permanent and stationary. The plan was to re-evaluate him in six months or as needed. The treating physician requested Tramadol 150mg #30 and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with diagnoses that include right shoulder massive rotator cuff tear, post right shoulder surgery. The patient currently complains of persistent right shoulder pain and weakness. The report also noted that the patient had a massive un-repairable rotator cuff tear. The current request is for Tramadol 150mg, quantity 30. The treating physician states in the treating reported dated 5/28/15 (4B), "The patient was provided with Tramadol 150mg XR, #30, to be taken daily as needed for severe pain." For chronic opiate use, MTUS 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 aberrant 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. In this case, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a 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. The MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines.

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Urine Drug Testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Urine Drug Testing (UDT). (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter/Urine drug testing (UDT).

Decision rationale: The patient presents with diagnoses that include right shoulder massive rotator cuff tear, post right shoulder surgery. The patient currently complains of persistent right shoulder pain and weakness. The report also noted that the patient had a massive un-repairable rotator cuff tear. The current request is for a urine drug screen. The treating physician states in the treating reported dated 5/28/15 (4B), "A urine toxicology screen was obtained today, per ACOEM Guidelines and protocol." MTUS guidelines recommend urine toxicology drug screenings (UDS) for patients that are taking opioids to avoid their misuse. MTUS guidelines additionally define steps to avoid misuse of opioids, and in particular, for those at high risk of

abuse as "frequent random urine toxicology screens." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain Chapter, Urine Drug Testing, provide clearer recommendation. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in low risk patient. ODG states that the "frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument." In this case, the treating physician records have not documented the patients risk stratification, which would dictate the patients risk level and in turn, the frequency with which testing should be done. Without opiate use risk assessment, once yearly on a random basis is all that is recommended per ODG. There is no documentation of a prior UDS this year. The current request is medically necessary.