

Case Number:	CM15-0162213		
Date Assigned:	08/28/2015	Date of Injury:	09/17/2003
Decision Date:	10/14/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/18/2015

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: Arizona, Michigan

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 37 year old male, who sustained an industrial injury on September 17, 2003. He reported low back pain radiating to the bilateral lower extremities and into the bilateral feet. The injured worker was diagnosed as having lumbar disc degeneration, lumbar facet arthropathy, lumbar post laminectomy syndrome, lumbar radiculopathy, lumbar microdiscectomy, chronic pain, anxiety, morbid obesity and status post weight reduction surgery. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, surgical interventions of the low back, weight reduction surgery, psychotherapy, medications and work restrictions. Currently, the injured worker continues to report low back pain radiating to the bilateral lower extremities and into the bilateral feet. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 2, 2015, revealed continued pain as noted. He rated his pain at 6 on a 1-10 scale with 10 being the worst while using medication and 10 on a 1-10 scale with 10 being the worst while not using medication. He noted the pain was unchanged since the last visit. Magnetic resonance imaging (MRI) of the lumbar spine on June 2, 2014, was noted to reveal extruded disc on the right side and prominent degenerative disc disease with Schmorl's node at lumbar 4-5. It was noted the injured worker was not currently working and was noted to be temporarily totally disabled. Medications including Hydrocodone and Tramadol were continued. The injured worker underwent a lumbar epidural steroid injection (LESI) on April 3, 2015. There were no noted complications. Evaluation on April 13, 2015, revealed continued pain as noted. He rated his pain at 7 on a 1-10 scale with 10 being the worst

while using medications and a 10 on a 1-10 scale while not using medications. He noted the pain had worsened since the last visit. Urinary drug screen on July 6, 2015, revealed results consistent with expectations. Evaluation on July 6, 2015, revealed continued pain rated at a 6 while using medication and a 10 while not using medications on a 1-10 scale with 10 being the worst. Medications were continued. 1 prescription of Hydrocodone 10/325mg #210, 1 prescription of Tramadol 50mg #60 with 1 refill and a 1 urine drug screen were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: According to the California (CA) MTUS Guidelines, drug testing is recommended as an option to assess for the presence of illicit drugs, may be required during opioid therapy and can be used to determine compliancy with the prescribed medication regimen in patients with noted aberrant behaviors. It was noted the injured worker had been treated with Opioid medications for an extended period of time for pain control. There was no noted suspicion of illicit drug abuse or noncompliance. There were no noted aberrant behaviors. The request for a urinary drug screen is not medically necessary.

1 prescription of Hydrocodone 10/325mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: According to the California (CA) MTUS Guidelines Hydrocodone is an opioid analgesic recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was indicated in the documentation use of the prescribed opioid medication did not decrease the level of pain the injured worker reported from one visit to the next. In addition, there was no noted functional improvement or improved pain noted during the duration of the prescription for Hydrocodone. For these reasons, the request for 1 prescription of Hydrocodone 10/325mg #210 is not medically necessary.

1 prescription of Tramadol 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: According to the California (CA) MTUS Guidelines Tramadol is an opioid analgesic recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was indicated in the documentation use of the prescribed opioid medication did not decrease the level of pain the injured worker reported from one visit to the next. In addition, there was no noted functional improvement or improved pain noted during the duration of the prescription for Hydrocodone. For these reasons, the request for 1 prescription of Tramadol 50mg #60 with 1 refill is not medically necessary.