

Case Number:	CM15-0163596		
Date Assigned:	08/31/2015	Date of Injury:	08/07/2012
Decision Date:	09/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts

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 31 year old male who sustained an industrial injury on 8-7-12. Progress report dated 6-30-15 reports constant upper and lower back pain ranging from 6 to 7 out of 10 on the pain scale without medications and 1-2 out of 10 with medications. He has frequent pain and numbness in both hands and frequent pain with movement of both knees. He states he is getting greater than 80% improvement in overall pain and ability to function with current medications. Diagnoses include: post-traumatic chronic daily headaches, chronic myofascial pain syndrome, thoracolumbar spine moderate to severe, post-traumatic seizure disorder, moderate to severe bilateral carpal tunnel syndrome and moderate bilateral ulnar nerve entrapment at both elbows and chronic sprain injury bilateral knees. Plan of care includes: request MRI of lumbar spine, steroid injection X1 for each knee, continue medications; Tramadol, naproxen, wellbutrin and perform urine drug screen, treating neurologist advised him to continue medication for seizures, continue home exercises, gym membership swimming pool exercises daily for 3 months, deep breathing type meditation and relaxation technique. Work status: currently not working. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: 1 Pharmacologic assessment and management dispensed 6/30/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CPT code 90862 - Refer to a visit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for upper and lower back pain. Medications are referenced as decreasing pain from 6-7/10 to 1-2/10 with improved functional abilities. When seen, his current medications were reviewed. Physical examination findings included moderately restricted thoracic and lumbar spine range of motion. There were multiple spinal and luteal muscle trigger points. There was decreased knee range of motion. There was decreased upper extremity strength and sensation. Medications were prescribed including tramadol ER at a total MED (morphine equivalent dose) of 60 mg per day. Guidelines recommend ongoing review and documentation when opioid medication is being used. In this case, the claimant's treating provider would be expected to assess the claimant's medication management as part of routine follow-up visits. A separate assessment is not medically necessary.

Retrospective request: 90 Tramadol HCL ER 150 dispensed 6/30/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for upper and lower back pain. Medications are referenced as decreasing pain from 6-7/10 to 1-2/10 with improved functional abilities. When seen, his current medications were reviewed. Physical examination findings included moderately restricted thoracic and lumbar spine range of motion. There were multiple spinal and luteal muscle trigger points. There was decreased knee range of motion. There was decreased upper extremity strength and sensation. Medications were prescribed including tramadol ER at a total MED (morphine equivalent dose) of 60 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing decreased pain with improved function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Retrospective request: 1 Urine drug screen dispensed 6/30/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for upper and lower back pain. Medications are referenced as decreasing pain from 6-7/10 to 1-2/10 with improved functional abilities. When seen, his current medications were reviewed. Physical examination findings included moderately restricted thoracic and lumbar spine range of motion. There were multiple spinal and luteal muscle trigger points. There was decreased knee range of motion. There was decreased upper extremity strength and sensation. Medications were prescribed including tramadol ER at a total MED (morphine equivalent dose) of 60 mg per day. Urine drug screening was performed in April 2014 and results were negative. Hydrocodone was being prescribed. In July 2014 findings were positive for opiates, cannabinoids, and amphetamines. Confirmatory testing was not provided. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant would be considered at moderate risk for addiction/aberrant behavior. In this clinical scenario, urine drug screening is recommended 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the testing requested is within guideline recommendations and was medically necessary.