

<b>Case Number:</b>	CM15-0166610		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 28-year-old male, who sustained an industrial injury on 6-12-12. He reported pain in low back while lifting and pulling sheet metal. The injured worker was diagnosed as having disorder of back, thoracic or lumbosacral neuritis or radiculitis, displacement of lumbar intervertebral disc without myelopathy and low back pain. Treatment to date has included chiropractic treatment, oral medications including Hydrocodone, Ultracet, Tramadol ER and Cyclobenzaprine; lumbar transforaminal steroid injections and activity modifications. Currently on 7-29-15, the injured worker complains of low back pain with radiation down the right lower extremity with numbness and tingling in posterior lateral thigh and leg and at times to lateral right foot; he also continues to complain of anxiety and depression related to his chronic pain. He notes the pain is aggravated by standing walking over 20 minutes, bending, heavy lifting and sitting over 30-40 minutes. He reports the pain is rated 8 out of 10 and reduced by 65% with medications and medications improve his sleep, mobility and activities of daily living. Work status is noted to be unchanged. Physical exam performed on 7-29-15 revealed antalgic gait, cane for ambulation and tenderness to palpation of right and left paraspinal region at L4 and the ileolumbar region with restricted range of motion. A request for authorization was submitted for Labs for liver function testing and testosterone; psych evaluation and oral medications including Alprazolam 0.5mg #60, Cyclobenzaprine 7.5mg #60, Tramadol ER 100mg #60 and Ultracet 37.5-325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs, Testosterone: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Testosterone replacement for hypogonadism (related to opioids).

**Decision rationale:** According to the ODG, routine testing of testosterone levels in men taking opioids is not recommended. Endocrine evaluation or testosterone levels should be considered in men who have taken long term, high dose oral opioids and exhibit symptoms or signs of hypogonadism. In this case, there is no documentation to support the injured worker had symptoms or signs of hypogonadism. The request for testosterone levels is not medically necessary.

**Psych evaluation and treatment: 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): Psychological evaluations.

**Decision rationale:** According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity for the requested Psychiatry consultation. There is limited evidence of any current significant psychological complaints aggravated by the current injury that causes functional limitations and deficits. There is also no documentation that diagnostic and therapeutic management have been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

**Tramadol ER 100mg #60: 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 for chronic pain.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe

pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. According to the medical documentation, there has been no indication of pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Per California MTUS Guidelines, there have to be certain criteria followed, including an ongoing review and documentation of pain relief and functional status. Work status is noted to be unchanged. Medical necessity for the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested treatment with Tramadol is not medically necessary.

**Ultracet 37.5/325mg #60:** 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 for chronic pain.

**Decision rationale:** The medication requested for this patient is Ultracet (Tramadol plus Acetaminophen). According to the California MTUS, Tramadol is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. According to the ODG, Tramadol/Acetaminophen is for short-term use of < 5 days in acute pain management and is not recommended for patients with hepatic impairment. According to the medical documentation, there has been no indication of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity for the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested treatment with Ultracet is not medically necessary.