

Case Number:	CM15-0169214		
Date Assigned:	09/09/2015	Date of Injury:	06/11/2014
Decision Date:	10/14/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/27/2015

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

Certification(s)/Specialty: Emergency 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 45 year old male, who sustained an industrial injury on 6-11-2014. He reported injury to the back, neck, bilateral shoulders, legs and feet from repetitive activities. Diagnoses include cervical muscle spasm, rule out cervical disc protrusion, lumbar disc protrusion, annular tear, and stenosis, bilateral shoulder impingement syndrome, loss of sleep, and psych component, status post lumbar surgery on 2-25-15. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of ongoing pain in the neck with radiation to bilateral upper extremities, low back pain with bilateral lower extremities, and bilateral shoulder pain. On 7-1-15, the physical examination documented cervical tenderness. There were positive Kemp's test and straight leg raise test of the lumbar spine. The right shoulder was tender with positive Hawkin's and Neer's tests. The appeal requested authorization for Tramadol 50mg #90; Range of Motion Testing; and a Urine Toxicology Screening. The Utilization dated 8-11-15, denied the request stating the documentation did not support that California MTUS Guidelines were met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #90: 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.

Decision rationale: The chronic use of opioids requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to the injured worker, there is documentation of a poor improvement in pain with the use of opioids. Documentation lacks fulfillment of the criteria for use based upon the MTUS guidelines. Therefore, the request as written is not medically necessary.

Range of motion testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Neck & Upper Back Procedure Summary Online Version last updated 06/25/2015.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention.

Decision rationale: The request is for range of motion testing. Occupational health provider should be aware of the physical dimensions and range of motion needed to complete the tasks.

The documentation provided does not clearly establish why the injured worker would require referral rather than in-office assessment. Therefore, there is no clear medical benefit, and the request is not medically necessary.

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary Online Version last updated 07/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement, Opioids, steps to avoid misuse/addiction.

Decision rationale: The request is for urine toxicology screen. While the MTUS guidelines support the use of urine toxicology screening before the initiation of opioid therapy, and to monitor compliance during therapy, there is no recommended schedule. Regarding the injured worker, there is no clear documentation of high-risk behavior that would raise suspicion for abuse. Therefore, the request as written is not medically necessary.