

<b>Case Number:</b>	CM15-0184385		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	05/29/2009
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: California

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 female, who sustained an industrial injury on 5-29-2009. The injured worker was diagnosed as having right sacroiliac joint dysfunction, L4-L5 grade 1 spondylolisthesis, right hip pain, and a history of right lower extremity radiculopathy. Treatment to date has included acupuncture, right sacroiliac joint injection on 6-18-2013 and 12- 23-2014, and medications. Currently (8-25-2015), it was documented that the injured worker reported "her right hip pain has continued to improve". Initial improvement after sacroiliac injection was rated at 90%, currently rated 50%. She reported some aggravation of low back pain with prolonged sitting at work. Pain was rated 3-4 out of 10 (rated 4-5 on 7-14-2015 and 4- 5 out of 10 on 6-01-2015) with medication use and 7-8 (8-9 out of 10 on 7-14-2015 and 6-01- 2015) out of 10 without, depending on activity level. Her medication regimen was described as "averaging one Tramadol IR per day", using "Laxacin on a regular basis to manage constipation secondary to pain", and "only utilizing Tramadol ER intermittently". Improvement in pain and function was documented from her recent injection and current medication regimen. It was documented that she was overall doing well and continued to work full time without restrictions. No evidence of drug seeking behavior was documented. A signed opioid agreement was documented, noting her compliance with terms. She was allergic to nonsteroidal anti-inflammatory drugs. Exam of the low back noted tenderness over the right posterior superior iliac spine-sacroiliac joint with positive pelvic compression. Lower extremity exam noted increased right hip pain with abduction and internal rotation. Muscle testing was 5 of 5, except 4 of 5 in the left peroneus longus-brevis, and sensory exam showed hypesthesia in

the left great toe. Positive Patrick's and Gaenslen's were noted on the right, along with positive sacral compression and ASIS distraction. There was slight tenderness over the right greater trochanteric bursa. It was documented that right hip x-ray "shows no abnormality". Her current medication regimen was consistent since at least 3-09-2015 (earliest progress report submitted containing prescribed medications). The treatment plan included continued Tramadol 50mg #60, Laxacin 50-8.6mg #200, Tramadol ER 150mg #60, and random urine drug screening.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Laxacin 50/8.6mg, #200:** Overturned

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

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

**Decision rationale:** Based on the 08/25/15 progress report provided by treating physician, the patient presents with low back and right sacroiliac hip pain. The request is for LAXACIN 50/8.6MG, #200. RFA with the request not provided. Patient's diagnosis on 08/25/15 includes right sacroiliac joint dysfunction, L4-L5 grade 1 spondylolisthesis, history of right lower extremity radiculopathy (currently asymptomatic), and right hip pain (improved). Physical examination on 08/25/15 revealed tenderness over the right posterior superior iliac spine-sacroiliac joint with positive pelvic compression. Lower extremity exam noted increased right hip pain with abduction and internal rotation. Treatment to date has included imaging studies, injections and medications. Patient's medications include Tramadol and Laxacin. The patient is currently working full-time without restrictions, per 08/25/15 report. MTUS page 77, CRITERIA FOR USE OF OPIOIDS Section, regarding constipation states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Laxacin has been included in patient's medications, per progress reports dated 03/09/15, 06/01/15, and 08/25/15. It is not known when this medication was initiated. Per 08/25/15 report, treater states the patient "has noted intermittent constipation with use of medication but this is well managed with the daily use of Laxacin." MTUS recognizes constipation as a common side effect of chronic opiate use. The patient is prescribed opiates for chronic pain and treater has documented medication efficacy. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

**Tramadol ER 150mg, #60:** Overturned

**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): Medications for chronic pain, Opioids, criteria for use.

**Decision rationale:** Based on the 08/25/15 progress report provided by treating physician, the patient presents with low back and right sacroiliac hip pain. The request is for TRAMADOL ER 150MG, #60. RFA with the request not provided. Patient's diagnosis on 08/25/15 includes right sacroiliac joint dysfunction, L4-L5 grade 1 spondylolisthesis, history of right lower extremity radiculopathy (currently asymptomatic), and right hip pain (improved). Physical examination on 08/25/15 revealed tenderness over the right posterior superior iliac spine-sacroiliac joint with positive pelvic compression. Lower extremity exam noted increased right hip pain with abduction and internal rotation. Treatment to date has included imaging studies, injections and medications. Patient's medications include Tramadol ER, Tramadol IR and Laxacin. The patient is currently working full-time without restrictions, per 08/25/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Tramadol has been included in patient's medications, per progress reports dated 03/09/15, 06/01/15, and 08/25/15. It is not known when this medication was initiated. Per 08/25/15 report, the patient's pain is rated 3-4/10 with and 7-8/10 without medications. Treater states the patient "continues to note improvement in pain and improvement in function with her current medication usage. The patient has returned to work on a full time basis. She continues to note improvement in her ability to work and perform activities of daily living with her current use of medication including Tramadol ER, Tramadol IR, and Laxacin. There is no evidence of drug-seeking behavior. The patient is utilizing her medications appropriately and only as prescribed. Urine drug screening has shown compliance with prescribed medications. The patient has signed an opioid agreement and remains compliant. I am requesting authorization for the patient to continue Tramadol ER 150mg bid for baseline pain relief. Tramadol IR 50mg will be used only for breakthrough pain above and beyond this." In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

**Random urine drug screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Urine Drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Urine Drug Screen.

**Decision rationale:** Based on the 08/25/15 progress report provided by treating physician, the patient presents with low back and right sacroiliac hip pain. The request is for RANDOM URINE DRUG SCREENING. RFA with the request not provided. Patient's diagnosis on 08/25/15 includes right sacroiliac joint dysfunction, L4-L5 grade 1 spondylolisthesis, history of right lower extremity radiculopathy (currently asymptomatic), and right hip pain (improved). Physical examination on 08/25/15 revealed tenderness over the right posterior superior iliac spine-sacroiliac joint with positive pelvic compression. Lower extremity exam noted increased right hip pain with abduction and internal rotation. Treatment to date has included imaging studies, injections and medications. Patient's medications include Tramadol and Laxacin. The patient is currently working full-time without restrictions, per 08/25/15 report. MTUS, Drug Testing Section pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain Chapter under Urine Drug Screen states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." Per 08/25/15 report, treater states "I am requesting random urine drug screening for the purpose of monitoring," and continues to state "Urine drug screening has shown compliance with prescribed medications." MTUS does not specifically discuss the frequency that urine drug screens should be performed. However, ODG is more specific on the topic and recommends urine drug screens on a yearly basis if the patient is at low risk. In this case, treater has not provided patient's risk assessment, and repeat UDS would not be indicated by guidelines. Therefore, the request IS NOT medically necessary.