

Case Number:	CM15-0187373		
Date Assigned:	09/29/2015	Date of Injury:	12/10/2014
Decision Date:	11/06/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/23/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 44 year old male, who sustained an industrial injury on December 10, 2014. The injured worker was diagnosed as having healed right wrist fracture, cervical spine sprain and strain, and status post head trauma. Treatment and diagnostic studies to date has included medication regimen, physical therapy, magnetic resonance arthrogram of the right wrist, and x-rays of the right wrist. In a progress note dated August 17, 2015, the treating physician reports complaints of pain to the right wrist, distal forearm, and cervical spine. Examination performed on August 17, 2015, was revealing for tenderness to the right radial wrist, the first metacarpal phalangeal joint, and the distal radius; tenderness to the cervical spine anterior the paraspinal muscles; decreased range of motion to the cervical spine; and decreased sensation to the distal right wrist. On August 17, 2015, the injured worker's medication regimen included tramadol (since at least March of 2015) and Naproxen (since at least December of 2014). The injured worker's pain level on August 17, 2015, was rated a 7 out of 10 to the right wrist and the distal forearm along with the injured worker's pain level to the cervical spine that was rated a 5 out of 10, but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate efficacy. On August 17, 2015, the treating physician requested the medication tramadol ER 100mg with a quantity of 60 noting that this medication "does facilitate diminution in moderately severe pain and facilitate improved activity and function." The treating physician further noted that the injured worker has "improved range of motion with Naproxen." The treating physician also requested a urine toxicology screen "incompliance with guidelines"

including Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine, and Official Disability Guidelines. On September 17, 2015, the Utilization Review determined the requests for retrospective tramadol ER 100mg with a quantity of 60 and retrospective urine toxicology screen for the date of service of August 17, 2015, to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol ER 100mg #60 (DOS: 08/17/2015): 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids (Classification), Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as tramadol, for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that tramadol specifically decreased pain and symptoms for up to three months, but there is no recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. Tramadol is not recommended as first-line therapy for neuropathic pain, but may be considered as a second-line treatment. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's recent records have not included documentation of the pain with and without medication (only general pain level was listed), urine drug testing results, objective functional improvement, and increased activities of daily living. The documentation did state that he did not have any significant adverse effects. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Although tramadol may be a reasonable treatment option for this injured worker, the treating provider's notes do not provide the necessary documentation for the continued use of tramadol. Therefore, the request for retrospective tramadol ER 100mg #60 (DOS: 08/17/2015) is not medically necessary and appropriate.

Retrospective urine toxicology screen (DOS: 08/17/2015): Upheld

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, dealing with misuse & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: According to the cited CA MTUS guidelines, frequent urine drug testing (UDT) is recommended for those at high risk of opioid abuse. The ODG states that UDT should be based on the risk stratification and that "low risk" patients should be tested within six months of therapy start, then yearly. At this time, the injured worker is not taking opioids and does not fit a "high risk" category for addiction/aberrant behavior because he is no longer a candidate for use of opioid medication. Therefore, the request for retrospective urine toxicology screen (DOS: 08/17/2015) is not medically necessary or appropriate.