

Case Number:	CM15-0190578		
Date Assigned:	10/02/2015	Date of Injury:	06/11/1998
Decision Date:	11/19/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 11, 1998. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve requests for tramadol and a urine drug screen, apparently prescribed and/or performed on September 8, 2015. The applicant's attorney subsequently appealed. On said September 8, 2015 office visit, the applicant reported ongoing complaints of low back pain with ancillary complaints of temporomandibular joint (TMJ) syndrome. The applicant was using a Thera Cane massager, tizanidine, Xanax, Neurontin, Colace, Lidoderm patches, and Bentyl, it was reported. The applicant was reportedly drinking 4 beers a day and drinking other alcoholic beverages. The applicant had undergone earlier failed lumbar spine surgery. Work restrictions were endorsed. The applicant was given tramadol for pain complaints. The treating provider framed the request as a first-time request for tramadol on this date. The applicant was not currently working, the treating provider acknowledged on this date. The attending provider stated that quantitative drug testing was being performed. The results of the urine drug testing were not clearly stated, although the attending provider stated that the claimant had tested positive for alcohol. On August 11, 2015, the applicant reported complaints of low back pain, 9/10 without medications to 3/10 with medications. The treating provider acknowledged that the applicant was using both Norco and tramadol at this point. The applicant was not, however, working. Norco, tramadol, Xanax, Neurontin, and Zanaflex were all renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol 50mg #180 with one refill DOS: 9/8/2015: 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, criteria for use.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. Contrary with the treating provider's report on September 8, 2015, the request for tramadol in fact represented a renewal or extension request for the same. The applicant was given a previous prescription for tramadol on an earlier note dated August 11, 2015 before being given a subsequent prescription for tramadol on the date in question, September 8, 2015. However, the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was not working, the treating provider reported on both August 11, 2015 and September 8, 2015. While the treating provider did recount some reduction in pain scores reportedly effected as a result of ongoing medication consumption on August 11, 2015, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing opioid usage, including ongoing tramadol usage. Page 79 also suggests "immediate discontinuation" of opioids in applicants who are engaged in evidence of illicit drug and/or alcohol misuse or abuse. Here, the treating provider suggested that the applicant was drinking 4 beers a day on September 8, 2015, in addition to other unspecified alcoholic beverages. It appeared, thus, that discontinuation of opioid therapy with tramadol appeared to be a more appropriate option than continuation of the same, given the foregoing. Therefore, the request was not medically necessary.

Retrospective Urinalysis Drug Screen DOS: 9/8/2015: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: Similarly, the request for a retrospective urine drug screen performed on September 8, 2015 was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option in the chronic pain population, to assess for the presence or absence of

illegal drugs, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODGs Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative drug testing outside of the emergency department drug overdose context, and attempt to conform to the best practices of the [REDACTED] when performing drug testing. Here, the attending provider stated on September 8, 2015 that quantitative drug testing was being performed, despite the fact that said drug testing was seemingly consistent with the applicant's self-report of frequent alcohol usage on September 8, 2015. A clear or compelling case for the quantitative testing performed by the attending provider was not, thus, established here in the face of the unfavorable ODG position on the same. Therefore, the request was not medically necessary.