MAXIMUS Federal Services

Case Number:	CM15-0192199		
Date Assigned:	10/06/2015	Date of Injury:	12/04/2014
Decision Date:	11/13/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	09/30/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 41-year-old male, who sustained an industrial injury on 12-04-2014. The injured worker was diagnosed as having rule out partial Achilles tendon tear, protrusion L3-L4, L4-L5, L5-S1 with neural encroachment and facet osteoarthropathy, left plantar fasciitis - refractory and left ankle pain. On medical records dated 08-26-2015 and 09-16-2015, the subjective complaints were noted as low back pain with left lower symptoms, left ankle pain, and left plantar foot pain. Pain was noted at an 6-8 out of 10. Objective findings were noted as tenderness left lateral ankle and plantar foot. Pain with range of motion of left foot at ankle. Lumbar spine tenderness was noted and a positive straight leg raise on the left. Treatments to date included brace, shockwave lumbar therapy, home exercise, injections, physical therapy, medication and activity modification. The injured worker was noted to be a candidate for anticipate review DNA test for medication rotation and urine toxic screening was completed during visit. The injured worker was noted to be temporarily totally disabled for 4 weeks. Current medications were not listed as Hydrocodone and Tramadol. The injured worker has been on Tramadol since at least 01-2015. The Utilization Review (UR) was dated 09-26-2015. A Request for Authorization was dated 09-16-2015 for Tramadol ER (extended release) 100mg Qty 60, DNA genetic testing and urine toxicology screen was submitted. The UR submitted for this medical review indicated that the request for Tramadol ER (extended release) 100mg Qty 60, DNA genetic testing and urine toxicology screen was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER (extended release) 100 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in December 2014 when he fell from a trailer and is being treated for injuries to the left lower extremity. When seen, pain was rated at 6-8/10. Hydrocodone and Tramadol ER were being prescribed at a total MED (morphine equivalent dose) of 50 mg per day. Physical examination findings included left ankle and foot tenderness and pain with range of motion. There was lumbar tenderness with decreased range of motion and positive right straight leg raising. Urine drug screening in March and April 2015 was consistent with the prescribed medications and ongoing tobacco use. Continued prescribing of Tramadol ER, urine drug screening, and genetic testing related to opioid rotation is being requested. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Opioid rotation is being considered consistent with poor response to the currently prescribed medications. Continued prescribing is not considered medically necessary.

DNA/ genetic testing: 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 Official Disability Guidelines (ODG) Pain (Chronic), Genetic testing for potential opioid abuse.

Decision rationale: The claimant sustained a work injury in December 2014 when he fell from a trailer and is being treated for injuries to the left lower extremity. When seen, pain was rated at 6-8/10. Hydrocodone and Tramadol ER were being prescribed at a total MED (morphine equivalent dose) of 50 mg per day. Physical examination findings included left ankle and foot tenderness and pain with range of motion. There was lumbar tenderness with decreased range of motion and positive right straight leg raising. Urine drug screening in March and April 2015 was consistent with the prescribed medications and ongoing tobacco use. Continued prescribing of Tramadol ER, urine drug screening, and genetic testing related to opioid rotation is being requested. Guidelines address the role of genetic testing. A variety of genetic polymorphisms influences pain perception and behavior in response to pain. Numerous genes involved with the

pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. However, predicting the analgesic response based on pharmacogenetic testing is complex and it is unlikely that genetic testing would allow tailoring of doses to provide optimal analgesia. The requested DNA/genetic testing is not considered medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Urine Drug Testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant sustained a work injury in December 2014 when he fell from a trailer and is being treated for injuries to the left lower extremity. When seen, pain was rated at 6-8/10.Hydrocodone and Tramadol ER were being prescribed at a total MED (morphine equivalent dose) of 50 mg per day. Physical examination findings included left ankle and foot tenderness and pain with range of motion. There was lumbar tenderness with decreased range of motion and positive right straight leg raising. Urine drug screening in March and April 2015 was consistent with the prescribed medications and ongoing tobacco use. Continued prescribing of Tramadol ER, urine drug screening, and genetic testing related to opioid rotation is being requested. Criteria for the frequency of urine drug testing include evidence of risk stratification. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test results that would be inconsistent with the claimant's prescribed medications. This request for a third urine drug screening in less than 6 months is not considered medically necessary.