MAXIMUS Federal Services

| Case Number: | CM15-0196994 | | |
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| Date Assigned: | 10/12/2015 | Date of Injury: | 04/14/2003 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 09/02/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

## 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, Indiana, New York
Certification(s)/Specialty: Internal 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 74-year-old male, who sustained an industrial injury on 04-14-2003. He has reported injury to the low back. The diagnoses have included lumbago; lumbar radiculopathy; and herniated disc lumbosacral spin. Treatment to date has included medications, diagnostics, physical therapy, home exercise program, and surgical intervention. Medications have included Vicodin, Tramadol, Soma, Paxil, Ambien, and Omeprazole. A progress note from the treating physician, dated 08-19-2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain rated at 6-7 out of 10 in severity on the subjective pain scale; he attended his pain management consultation and there were recommendations made for injections, as well as placement of electrical stimulators; and he states that he "did not agree with this treatment plan and is not pending a re-evaluation with this provider". Objective findings included he maintains an active forward flexion to 30 degrees, extension to 20 degrees, right lateral flexion to 15 degrees, and left lateral flexion to 15 degrees; he walks with a moderately antalgic gait with the use of a single-point cane; and he maintains a positive straight leg raise test in a seated position. The provider noted that he is prescribing Tramadol 50mg one tablet by mouth three times a day as needed for pain. He noted that "this is a reduction from the previous prescription of Vicodin which was being prescribed for him". The provider documented that he "will be making an additional request for a urine drug screen at this point, in order to provide this patient with analgesic medication, which is necessary given the totality of his industrial injury". The treatment plan has included the request for POC (point-of-care) urine drug screen; and

Tramadol HCl 50mg #90 (Refill x 2). The original utilization review, dated 09-02-2015, non-certified the request for POC urine drug screen; and Tramadol HCl 50mg #90 (Refill x 2).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**POC urine drug 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 (ODG), Pain procedure summary - 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 section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, POC urine drug screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are herniated disc lumbosacral spine; lumbar radiculopathy; lumbago; and lumbar radiculopathy clinically. Date of injury is April 14, 2003. Request for authorization is August 19, 2015. According to a March 25, 2015 progress note, current medications included Vicodin, Soma and Ambien. According to an August 19, 2015 progress notes, subjective complaints include low back pain 7/10. Medications include tramadol that was added. The documentation states tramadol allowed for a reduction in Vicodin use. There is no documentation of discontinuation of Vicodin. Objectively, range of motion lumbar spine is decreased and the injured worker ambulates with antalgic gait. There is positive straight leg raising. The utilization review mentions opiates should have been previously weaned. There is no specific documentation of recommendations for weaning. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment indicating high risk moderate or low risk of drug misuse or abuse. The documentation indicates a urine drug screen was authorized February 13, 2015. The results of this urine drug screen were not included in the medical record for review. Based on clinical information in the medical record, peer- reviewed evidence-based guidelines, no documentation of aberrant drug-related behavior, drug misuse or abuse, no risk assessment, no documentation indicating the discontinuation of Vicodin and no documentation of the urine drug screen authorized February 13, 2015, POC urine drug screen is not medically necessary.

**Tramadol HCL 50mg #90 (Refill x 2):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol HCl 50 mg #90 with two refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker’s working diagnoses are herniated disc lumbosacral spine; lumbar radiculopathy; lumbago; and lumbar radiculopathy clinically. Date of injury is April 14, 2003. Request for authorization is August 19, 2015. According to a March 25, 2015 progress note, current medications included Vicodin, Soma and Ambien. According to an August 19, 2015 progress notes, subjective complaints include low back pain 7/10. Medications include tramadol that was added to the current drug regimen. The documentation states tramadol allowed for a reduction in Vicodin use. There is no documentation of discontinuation of Vicodin. Objectively, range of motion lumbar spine is decreased and the injured worker ambulates with antalgic gait. There is positive straight leg raising. The utilization review mentions opiates should have been previously weaned. There is no specific documentation of recommendations for Vicodin weaning. The documentation does not demonstrate objective functional improvement from ongoing Vicodin use. There is no indication or rationale for the addition of tramadol to the current drug regimen. There are no detailed pain assessments or risk assessments. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for the addition of tramadol to the current drug regimen with no specific documentation indicating discontinuation of Vicodin, no detailed pain assessments or risk assessments, and no documentation demonstrating objective functional improvement with ongoing Vicodin use, Tramadol HCl 50 mg #90 with two refills is not medically necessary.