

<b>Case Number:</b>	CM15-0202611		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	11/17/2012
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 55-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 17, 2012. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve requests for tramadol and urine drug testing. The claims administrator referenced an RFA form received on September 18, 2015 and an associated progress note of September 9, 2015 in its determination. On multiple RFA forms dated September 9, 2015, physical therapy, tramadol, Tylenol, Cymbalta, and random drug testing were sought. On an associated progress note dated September 9, 2015, the applicant reported ongoing complaints of low back pain. The applicant's medications were attenuating her pain complaints. The attending provider stated that Cymbalta was likewise ameliorating the applicant's issues with depression. The attending provider stated that the applicant had had a recent flare in pain complaints but was nevertheless working. Tramadol, Tylenol, and Cymbalta were sought. The attending provider stated that the applicant needed additional physical therapy to reinforce the importance of home exercise program. Tramadol, Tylenol, and Cymbalta were endorsed, along with drug testing. On April 8, 2015, it was acknowledged that the applicant was working, albeit in a largely administrative capacity. The attending provider contended that the applicant's medications were helping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60: Overturned**

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

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

**Decision rationale:** Yes, the request for tramadol, a synthetic opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had achieved and/or maintained successful return-to-work status, the treating provider reported office visits, referenced above, including on the September 9, 2015 office visit at issue. The applicant was deriving appropriate analgesia from various medications, including tramadol, the treating provider reported on various dates of service interspersed throughout 2015. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

**One random urine drug screen testing: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Conversely, the request for one random urine drug screen test was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend using drug testing as an option, to assess for the presence or absence of illegal drugs in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's 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 testing outside of the emergency department drug overdose context, clearly state which drug tests and/or drug panels he intend to test for, attempt to conform to the best practices of the [REDACTED] when performing drug testing, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, it was not clearly stated when the applicant was last tested. There was no mention of the applicant's being a higher- or lower-risk individual for whom more or less frequent drug testing would have been indicated. The attending provider neither signaled his intention to eschew confirmatory testing nor signaled his intention to conform to the best practices of the [REDACTED] [REDACTED] when performing testing. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request was not medically necessary.

