

Case Number:	CM15-0203617		
Date Assigned:	10/20/2015	Date of Injury:	10/20/2011
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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 52 year old male, who sustained an industrial injury on 10-20-11. The injured worker was being treated for displacement of lumbar intervertebral disc without myelopathy, displacement of cervical intervertebral disc without myelopathy, disorders of bursa and tendons in shoulder region and chronic pain syndrome. On 8-11-15, the injured worker complains of moderate pain in right shoulder radiating to his right upper extremity, neck pain and low back pain with bilateral lower extremity numbness and weakness; he rates the pain 7 out of 10 with medications. Documentation does not include pain level prior to pain medication or duration of pain relief. Work status is modified duty. Physical exam performed on 8-11-15 revealed tenderness to palpation anterior, medial and posterior shoulders with restricted range of motion and decreased right shoulder motor strength; restricted cervical range of motion and tenderness to palpation over the bilateral cervical paraspinal muscles and superior trapezii. Treatment to date has included functional restoration program, physical therapy, TENS unit (transcutaneous electrical nerve stimulation), oral medications including Tramadol 100mg (since at least 10-2014) and Cyclobenzaprine 10mg (since at least 10-23-13). On 9-8-15 the treatment plan included request for authorization for Tramadol 100mg #60 and Cyclobenzaprine 10mg #60 and a urine toxicology screen was performed which was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 8 panel urine toxicology test: 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): 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, (1) 8 panel urine toxicology test 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 displacement lumbar intervertebral disc without myelopathy; displacement cervical intervertebral disc without myelopathy; disorder of bursa and tendons in the shoulder region unspecified; and chronic pain syndrome. Date of injury is October 20, 2011. Request authorization is September 11, 2015. According to an October 13, 2012 progress note, tramadol was noncertified. According to a January 22, 2013 progress note, tramadol was discontinued. Norco 10/325mg was prescribed. According to the most recent progress note dated September 8, 2015, subjective complaints of chronic right shoulder pain with radiation to the upper extremities and neck and low back pain with lower extremity numbness and weakness. Pain score is 7/10. Objectively, there is tenderness to palpation over the anteromedial and posterior right shoulder. Cervical spine is tender decreased range of motion. Multiple urine drug toxicology screens are contained in the medical record dating back to 2013. Urine drug screens were continued in 2014 every three months in the 2015 calendar. Urine drug toxicology screens were consistent. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no clinical indication or rationale for a repeat urine drug screen in the face of consistent urine drug screens every three months in the 2015 calendar year. There are no risk assessments. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale with multiple consistent urine drug toxicology screens and no documentation of aberrant drug-related behavior, drug misuse or abuse, (1) 8 panel urine toxicology test is not medically necessary.

Tramadol ER 100mg #60: 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 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 ER 100 mg #60 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 displacement lumbar intervertebral disc without myelopathy; displacement cervical intervertebral disc without myelopathy; disorder of bursa and tendons in the shoulder region unspecified; and chronic pain syndrome. Date of injury is October 20, 2011. Request authorization is September 11, 2015. According to an October 13, 2012 progress note, tramadol was noncertified. According to a January 22, 2013 progress note, tramadol was discontinued. Norco 10/325mg was prescribed. According to the most recent progress note dated September 8, 2015, subjective complaints of chronic right shoulder pain with radiation to the upper extremities and neck and low back pain with lower extremity numbness and weakness. Pain score is 7/10. Objectively, there is tenderness to palpation over the anteromedial and posterior right shoulder. Cervical spine is tender decreased range of motion. The documentation indicates tramadol was discontinued/non-certified on October 13, 2012. There is no clinical rationale for restarting tramadol based on the documentation. The worker is currently taking Norco. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, non-certification and discontinuation of tramadol as far back as October 13, 2012 and no clinical rationale for restarting tramadol, tramadol ER 100 mg #60 is not medically necessary.