

<b>Case Number:</b>	CM15-0206115		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	11/20/2009
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old male, who sustained an industrial injury on 11-20-09. The injured worker was diagnosed as having status post anterior lumbar interbody fusion at L5-S1, status post decompression of the ulnar nerve at Guyon's and excision of the pisiform, left de Quervain's stenosing tenosynovitis, status post right ulnar nerve decompression at the elbow with persistent right ulnar nerve neuropathy, and posttraumatic arthritis of the right ankle. Treatment to date has included use of a lumbar brace, physical therapy, a lumbar transforaminal epidural steroid injection, and medication including Ultram and Naprosyn. Physical examination findings on 9-9-15 included tenderness in the lower lumbar paravertebral musculature and tenderness over the first dorsal compartment of the left wrist with a positive Finkelstein's test. The injured worker had been taking Ultram since at least June 2015. On 9-9-15, the injured worker complained of low back pain, foot pain, ankle pain, hand pain, and wrist pain. On 9-21-15 the treating physician requested authorization for a urine drug toxicology screen and Ultram 50mg #60 with 2 refills. On 10-20-15 the requests were non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, Urine drug testing.

**Decision rationale:** The medical records indicate the patient has ongoing complaints of low back pain, foot pain, ankle pain, hand and wrist pain. The current request for consideration is for urine drug testing screen. The attending physician report dated 6/17/15, page (96b), states the patient was provided with a prescription today for Ultram 50mg 1 tab b I d #60 with 2 refills. He previously signed an opiate contract. He will be referred to undergo a repeat urine drug toxicology screen. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain Chapter, Urine Drug Testing, provide clearer recommendation. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in low risk patient. In this case, because the request for Tramadol is not medically necessary, the request for a repeat urine drug screen is also not medically necessary.

**Ultram 50mg #60 with 2 refills:** 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.

**Decision rationale:** The medical records indicate the patient has ongoing complaints of low back pain, foot pain, ankle pain, hand and wrist pain. The current request for consideration is Ultram 50mg #60 2 refills. The attending physician report dated 6/17/15, page (96b), states the patient was provided with a prescription today for Ultram 50mg 1 tab b I d #60 with 2 refills. He previously signed an opiate contract. He will be referred to undergo a repeat urine drug toxicology screen. As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. The request for ongoing Opioid management is not supported by the available documentation and the request is not medically necessary.

