

<b>Case Number:</b>	CM15-0215753		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	10/31/2014
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 28-year-old male, who sustained an industrial injury on 10-31-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for possible left hip labral tear, and lumbar strain. Medical records (04-09-2015 to 09-24-2015) indicate ongoing low back pain and left hip pain. Pain levels were rated 3-8 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-24-2015, revealed lumbar tenderness with muscles spasms in the paralumbar musculature, decreased range of motion (10%) in the lumbar spine, tenderness over the left hip and pain with motion of the left hip. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications (ibuprofen for several months). The treating physician indicates that a urine drug screening completed on 09-24-2015 showed consistent results as did the previous urine drug screening on 07-20-2015. This test was reportedly completed prior to providing stronger medications and as part of a routine office visit. The request for authorization (09-28-2015) shows that the following test and medications were requested: retrospective full panel drug screen done in office 09-24-2015, retrospective ibuprofen 600mg #120 (dispensed in office 09-24-2015), and retrospective tramadol 50mg #60 (dispensed in office on 09-24-2015). The original utilization review (10-14-2015) non-certified the retrospective requests for full panel drug screen done in office 09-24-2015, ibuprofen 600mg #120 (dispensed in office 09-24-2015), and tramadol 50mg #60 (dispensed in office on 09-24-2015).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective full panel drug screen done in office 9/24/15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

**Decision rationale:** Per MTUS CPMTG p87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources." Upon review of the submitted documentation, this appears to be the only UDS performed within the last year. As the injured worker was being treated with opiates, the request is medically reasonable and necessary.

**Retrospective Ibuprofen 600mg #120 (dispensed in office 9/24/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to

recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has been using this medication daily, long term. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.

**Retrospective Tramadol 50mg #60 (dispensed in office 9/24/15):** Overturned

**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, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried; (b) Is the patient likely to improve; (c) Is there likelihood of abuse or an adverse outcome." Upon review of the submitted documentation, this appears to be the first use of tramadol. Per progress report dated 9/24/15, it was noted that the injured worker reported pain 5-6/10. It was noted that pain was about the same to worse and was made better with medications (ibuprofen). I respectfully disagree with the UR physician's denial based upon a lack of maintained increase in function or decrease in pain with the use of this medication. As this was the first time it was prescribed, such documentation was not possible. The request is medically necessary.