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| Case Number: | CM15-0218023 | | |
| Date Assigned: | 11/09/2015 | Date of Injury: | 05/20/1991 |
| Decision Date: | 12/21/2015 | UR Denial Date: | 10/06/2015 |
| Priority: | Standard | Application Received: | 11/05/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 67 year old female, who sustained an industrial injury on 5-20-1991. The injured worker is being treated for cervical disc bulge, nerve root compromise, cervical pain, cervical disc displacement, cervical stenosis, status-post surgery cervical spine, lumbar disc displacement, lumbar facet hypertrophy, lumbar sprain-strain, right knee medial meniscus tear and left knee medial meniscus tear. Treatment to date has included medication management. Per the Primary Treating Physician's Progress Report dated 9-03-2015, the injured worker reported cervical spine, lumbar spine, right knee and left knee pain rated as 7 out of 10. Objective findings of the cervical spine included increased pain radiating to both hands with painful, restricted ranges of motion. There was increased pain in the low back since the last visit with restricted, painful ranges of motion. Ranges of motion were painful in the bilateral knees. Per the medical records dated 4-09-2015 to 9-03-2015, there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The IW has been prescribed Tramadol and Flector patches since at least 4-09-2015. Her pain has increased as of 9-03-2015. Work status was "permanently disabled." The plan of care included, and authorization was requested for Tramadol 100mg #60, Flector 1.3% patch and urine drug screen (UDS). On 10-06-2015, Utilization Review non-certified the request for Tramadol 100mg #60, Flector 1.3% patch and UDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DEA-Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in May 1991 and is being treated for neck, low back, and bilateral knee pain. She has a history of a cervical disc replacement and bilateral knee meniscus tears. Urine drug screening in April, May, and July 2015 was done with negative results. Tramadol was being prescribed and was not included in the screening tests that were performed. An MRI of the cervical spine in April 2015 included findings of multilevel spondylosis with foraminal and canal stenosis and focal cord edema at C5/6. When seen, pain was rated at 7/10. She had radiating neck, radiating back, and bilateral radiating knee pain. Physical examination findings included a body mass index over 32. There was decreased and painful range of motion and increased neck pain with radiation to the hands. Cervical compression testing caused pain. Kemp's testing was positive. McMurray and Apley compression tests were positive bilaterally. Extended release Tramadol was continued. Flector and urine drug screening were requested. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Flector 1.3 patch #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Flector Patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, there is no apparent history of intolerance or contraindication to an oral NSAID. Additionally, if a topical NSAID was being considered, a trial of generic topical Diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. Flector is not recommended as a first-line treatment. Flector is not considered medically necessary.

Urine Drug Screen, multiple drug classes by high complexity test method quantity 1: Upheld

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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, tools for risk stratification & monitoring.

Decision rationale: Criteria for the frequency of urine drug screening includes an assessment of risk. In this case, there is no evidence of symptom magnification or hyperalgesia. There is no evidence of poorly controlled depression or history of alcohol or drug abuse. The claimant's prior urine drug screening tests have been negative and do not include testing for the medication being prescribed. Tramadol is being prescribed and is not being recommended for continued repeat, therefore, urine drug screening is not medically necessary.