

<b>Case Number:</b>	CM15-0080329		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	03/14/2001
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

### 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 50 year old female, who sustained an industrial injury on March 14, 2001. The injured worker was diagnosed as having cervical protrusion, left shoulder impingement and carpal tunnel syndrome. Treatment and diagnostic studies to date have included medication. A progress note dated March 16, 2015 provides the injured worker complains of neck and upper extremity pain reported to be getting more and more intense. Physical exam notes decreased flexion of the hand with weakness. There is atrophy with the right greater than the left. The plan includes medication and lab work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER #120 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Ultram, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case indicates that there was no sustained improvement with Ultram and that the medication has been weaned. Therefore, the record does not support medical necessity of ongoing opioid therapy with Ultram. The request is not medically necessary.

**Lab test to assess liver function:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McGraw Hill Manual of Laboratory and Diagnostic Test, p 581.

**Decision rationale:** CA MTUS, ACOEM and ODG are silent of laboratory tests such as liver function tests. A CBC may be ordered to assess for signs of infection, inflammation, anemia or other blood or bone marrow condition. Liver function test may be ordered to monitor NSAID therapy but there is not current NSAID use and therefore no indication for liver function testing. Therefore the request is not medically necessary.

**Urine toxicology testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screening.

**Decision rationale:** CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, there is no active use of any controlled substance for which urine drug screen is indicated and request for Ultram is not medically necessary. There is no medical indication for urine drug screen and the original UR denial is upheld.

