

<b>Case Number:</b>	CM15-0083013		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Texas, Florida

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 52 year old female patient who sustained an industrial injury on 10/04/2013. The patient had initial complaint of low back pain status post fall at work. Diagnostic testing to include: radiography, magnetic resonance imaging, arthrogram, nerve conduction study, neurosurgical consultation, and injections. A primary treating office visit dated 11/24/2014 reported the patient with subjective complaint of back pain, falling, left hand/wrist pain, thumb, and left ankle pains. She uses foot orthotics, back brace and oral analgesics. Objective findings showed the patient with weakness in the left foot/ankle. Relevant medications are: Tramadol, Naproxen, and Flexeril. The following diagnoses are applied: left foot drop, left wrist joint pain, weakness of left leg, lumbar disc herniation, lumbar radiculopathy, lumbosacral spondylosis without myelopathy. The plan of care involved: refilling medications Tramadol, Naproxen, and Flexeril. The physician recommended orthopedic consultation, wrist splint, and undergoing radiography study. She is to return to modified work duty. A primary treating visit dated 11/26/2014 reported medications as: Avapro, Norco 10/325mg. Objective findings showed a slow ataxic gait with patient dragging left foot and utilizing a walker for ambulation. A left SLR is positive and she has difficulty walking on both toe/heals. A more recent visit dated 04/08/2015 reported the patient with subjective complaint of left foot, left wrist, left leg, neck and lumbar spine pain. She also reports having depression, anxiety, insomnia, and frustration secondary to chronic pain. She is currently working regular work duty. She did undergo left hand surgery in 2011. She is diagnosed with the following: status post left wrist surgery on 02/26/2015; left foot drop; L5 lumbar spine radiculopathy;

multilevel cervical spine degenerative disc disease; multilevel cervical spine neural foraminal narrowing; L4-L5 degenerative disc disease, and L4-L5 disc extrusion with annular tear. The review of systems was noted to be negative with no symptoms of myalgia, arthralgia, or organ dysfunction. The plan of care involved: recommending a laboratory work up, prescribed Tramadol, remain temporary totally disabled and return for follow up in 6 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Labwork: Arthritis Panel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that laboratory tests can be utilized for the evaluation and management of chronic musculoskeletal pain when the diagnosis is inconclusive or additional tests are required to monitor the disease process or effects of treatments. The records did not note any subjective, objective or treatment effects that require further investigation with laboratory tests. The systemic review noted the absence of any medical condition that requires further laboratory testing. The patient was fully evaluated prior to the 2014 treatment procedures. The criteria for Labwork: Arthritis Panel was not met and therefore is not medically necessary.

**Labwork: Chem 8 Panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 23, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that laboratory tests can be utilized for the evaluation and management of chronic musculoskeletal pain when the diagnosis is inconclusive or additional tests are required to monitor the disease process or effects of treatments. The records did not note any subjective, objective or treatment effects that require further investigation with laboratory tests. The systemic review noted the absence of any medical condition that requires further laboratory testing. The patient was fully evaluated prior to the 2014 treatment procedures. The criteria for Labwork: Chem 8 Panel was not met and therefore is not medically necessary.

**Labwork: Creatine phosphokinase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 23, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that laboratory tests can be utilized for the evaluation and management of chronic musculoskeletal pain when the diagnosis is inconclusive or additional tests are required to monitor the disease process or effects of treatments. The records did not note any subjective, objective or treatment effects that require further investigation with laboratory tests. The systemic review noted the absence of any medical condition that requires further laboratory testing. The patient was fully evaluated prior to the 2014 treatment procedures. The criteria for Labwork: Creatine Phosphokinase Panel was not met and therefore is not medically necessary.

**Labwork: C-reactive protein:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that laboratory tests can be utilized for the evaluation and management of chronic musculoskeletal pain when the diagnosis is inconclusive or additional tests are required to monitor the disease process or effects of treatments. The records did not note any subjective, objective or treatment effects that require further investigation with laboratory tests. The systemic review noted the absence of any medical condition that requires further laboratory testing. The patient was fully evaluated prior to the 2014 treatment procedures. The criteria for Labwork: C-reactive protein was not met and therefore is not medically necessary.

**Tramadol 50mg quantity 270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94;113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbations of musculoskeletal pain when standard treatments with NSAIDs, non opioid co-analgesics and PT are non-effective. The chronic use of high dose opioid can be associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation and adverse interaction with other sedatives. The

records did not show that the patient failed treatment with non opioid co-analgesic medications. There is no documentation of sustained functional restoration with chronic use of high dose opioids. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms such as anxiety, depression and insomnia be primarily treated with anticonvulsant and antidepressant analgesic medications. The criteria for the use of Tramadol 50mg #270 were not met. The criteria for Tramadol 50mg #270 was not met and therefore is not medically necessary.

**Urinalysis Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that compliance monitoring can be implemented at initiation of chronic opioid treatment and then continued at random intervals during treatment. The records did not show a history of aberrant behavior, red flag condition or history of non compliance. The continuation of Tramadol medications is non-certified therefore the criterion for Urinalysis Toxicology Screen was not met and therefore is not medically necessary.