

Case Number:	CM13-0032698		
Date Assigned:	12/11/2013	Date of Injury:	06/05/2009
Decision Date:	06/17/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/08/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old female who reported an injury on 06/05/2009. The documentation indicates the patient has been diagnosed with hypertension with left atrial enlargement, hyperlipidemia, obstructive sleep apnea, gastroesophageal reflux disease secondary to NSAIDs, mild gastritis, abdominal pain in the right lower quadrant, status post H. pylori treatment, elevated blood sugars, as well as being treated for bilateral wrist and left knee complaints. The patient was seen on 08/01/2013 due to her sleep quality having worsened with no changes in her gastroesophageal reflux disease, hypertension, gastritis, abdominal pain, or lightheadedness. The patient reportedly had an elevated blood glucose non-fasting level of 126 mg/dL, blood pressure of 116/79 with the findings of the remaining portion of the exam to be within normal limits. The patient was most recently seen on 11/06/2013 which noted improvement in the patient's gastroesophageal reflux disease with use of her medications; but blood sugar levels were not controlled. Her blood sugar was noted to be 141mg/dL non-fasting.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prescription of Tramadol 50mg #60, with Two(2) Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Per California MTUS, under the heading When to Discontinue Opioids, it states if there is no overall improvement in function, unless there are extenuating circumstances, if there is a resolution of pain, or the patient is continuing pain with evidence of intolerable adverse effects, weaning from opioids would be recommended. In the case of this patient, she has been utilizing tramadol since at least 08/2013. The documentation provided for review states the patient has had reduction with the use of her medications; however, there are no objective measurements pertaining to the medication use as it reflects on the patient's pain reduction. Long-term use of opioids can sometime cause the patient to develop hyperalgesia, a change in pain pattern, or persistence in pain at higher levels than expected. These types of changes occur in spite of continued incremental dose increases of medication, and opioids in these cases may actually increase rather than decrease sensitivity to noxious stimuli. However, without having sufficient objective information pertaining to this patient's medication use in regard to her pain relief, the medical necessity for continuation of Tramadol 50mg cannot be warranted at this time. As such, the requested service is not medically necessary.

One (1) Fasting Lab: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS: Official Disability Guidelines (ODG), Diabetes Chapter, Fasting plasma glucose test (FPG), and Low Back Chapter Preoperative lab testing.

Decision rationale: Official Disability Guidelines have been referred to in this case. Under Official Disability Guidelines fasting plasma glucose tests are recommended for diagnosis for types I and II diabetes in children and non-pregnant adults. A fasting blood glucose performance used as a diagnostic test can be affected by manufacturers that are clearly stated as risk factors for diabetes mellitus. In the case of this patient, she felt as though her fasting glucose was elevated. In the Low Back Chapter of Official Disability Guidelines it states for preoperative lab testing, random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. However, in the case of this patient, there is nothing indicating she will be undergoing a surgical procedure any time soon. The physician has failed to indicate which specific labs are being requested. Therefore, the medical necessity for fasting labs cannot be determined. As such, the requested service is not medically necessary.