

Case Number:	CM14-0142460		
Date Assigned:	09/10/2014	Date of Injury:	05/07/2014
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, mid back, low back, and hip pain reportedly associated with an industrial contusion injury of May 17, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; unspecified amounts of physical therapy over the course of the claim; and several months off of work. In a Utilization Review Report dated August 14, 2014, the claims administrator approved a request for flurazepam and denied a request for tramadol. Somewhat incongruously, the claims administrator stated in one section of the note that criteria for continuation of flurazepam were not met but then stated at the top of the report that flurazepam was medically necessary. The claims administrator denied the request for drug testing on the grounds that the applicant had had earlier drug testing in July 2014. The applicant's attorney subsequently appealed. In an August 13, 2014 progress note, the applicant reported persistent complaints of neck, shoulder, low back, and finger pain, 7-10/10. Decreased sensorium was noted about various portions of the upper extremities. Decreased sensorium was noted. The applicant was asked to employ tramadol for pain relief despite ongoing complaints of pruritus. The applicant was placed off of work, on total temporary disability. The applicant was pending acupuncture and authorization for shoulder surgery, it was suggested. There was no explicit discussion of medication efficacy. On June 25, 2014, the applicant presented with multifocal neck, shoulder, and low back pain. The applicant was using Motrin, tramadol, and Norflex as of that point in time, it was suggested. The applicant was having difficulty performing activities of daily living as basic as standing and walking, it was suggested, owing to ongoing pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, #60: 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 When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is off of work, on total temporary disability. The attending provider's progress notes made no mention of any material decrements in pain or improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

Drug screen: 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 DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic

Decision rationale: The urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain context, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Final Determination Letter for IMR Case Number CM14-0142460 4Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, attach the applicant's complete medication list to the request for authorization for testing, and state when the applicant was last tested. In this case, the attending provider did not state what drug tests and drug panels he was seeking, nor was the applicant's complete medication list attached to the request for authorization for testing. The attending provider did not identify when the applicant was last tested. Therefore, the request was not medically necessary.

Chromatography/ mass spectrometry QTY: 1.00: 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 DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: Similarly, the request for chromatography/mass spectrometry is likewise not medically necessary, medically appropriate, or indicated here. The request for chromatography represents a form of confirmatory drug testing. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain context, the MTUS does not specifically address the topic of confirmatory drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, confirmatory and/or quantitative testing is typically not recommended outside of the Emergency Department Drug Overdose context. In this case, the applicant was apparently tested in the clinic setting. No rationale for confirmatory/quantitative urine chromatography/mass spectrometry testing was proffered by the attending provider in the face of the unfavorable ODG position on the same. Therefore, the request was not medically necessary.

Creatinine QTY: 1.00: 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 DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: Finally, the request for [Urinary] Creatinine was not medically necessary, medically appropriate, or indicated here. The request for Urinary Creatinine represents a companion or derivative request, one which accompanies the primary request for urine drug screen. Urinary Creatinine testing is typically performed along with drug testing to ensure that drug specimens are valid. However, since the primary request for urine drug testing was deemed not medically necessary, the derivative or companion request for Urinary Creatinine was likewise not medically necessary here.