

<b>Case Number:</b>	CM14-0145656		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 46-year-old male with a reported date of injury on 11/16/2012. The injury reportedly occurred when drywall fell on top of him. His diagnoses were noted to include head and face trauma, left shoulder rotator cuff impingement, right knee contusion, status post right knee surgery, right ankle sprain/strain, lumbar sprain, and right lower extremity radiating pain. His previous treatments were noted to include physical therapy, massage, surgery, and medications. The progress note dated 07/14/2014 revealed complaints of lumbar spine and left shoulder pain rated 7/10. The injured worker complained his left shoulder had constant pain rated 7/10, and it had worsened since his last visit. The injured worker was utilizing tramadol, which he stated decreased his pain from 7/10 to 4/10. The injured worker indicated his pain symptoms improved with rest and the use of medication; however, the pain symptoms worsened with prolonged walking, sitting, and standing. A physical examination of the lumbar spine revealed tenderness to palpation over the right lumbar paraspinal muscles with limited range of motion, and his neurovascular status was intact distally. There was a positive straight leg raise to the right lower extremity. The examination of the left shoulder revealed marked tenderness to palpation over the anterior lateral compartments with decreased range of motion, and intact neurovascular status. His motor strength was rated 4/5. The Request for Authorization form dated 07/21/2014 was for Ultram 50 mg #60 as needed for pain and a urine toxicology screen to assess the current levels of prescription medication usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol) Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The request for Ultram 50 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker indicated with tramadol, his pain decreased from a level of 7/10 to a level of 4/10. There is a lack of documentation regarding improved functional status with utilization of this medication in regards to his activities of daily living. There is a lack of documentation regarding side effects and the last urine drug screen was performed 04/2014, but without details regarding whether it was consistent or not; the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids, Step to Misuse/Abuse Page(s): 43, 94.

**Decision rationale:** The request for a urine toxicology screen is not medically necessary. The injured worker had a previous urine toxicology screen performed in 04/2014. The California Chronic Pain Medical Treatment Guidelines recommend using a urine drug screen to assess for the use or the presence of illegal drugs. The guidelines also state for those at high risk of abuse to perform frequent random urine toxicology screens. There is a lack of documentation regarding the injured worker being at high risk for abuse of opioids, and the previous urine drug screen was performed 04/2014, and the results were not submitted within the medical records. Without details regarding the previous urine drug screen and the injured worker not being at high risk for abuse, a repeat urine toxicology screen is not appropriate at this time. Therefore, the request is not medically necessary.