MAXIMUS Federal Services

Case Number:	CM14-0173471		
Date Assigned:	10/24/2014	Date of Injury:	08/23/2010
Decision Date:	12/03/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/21/2014

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 pain reportedly associated with an industrial injury of August 23, 2010.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and opioid therapy.In a Utilization Review Report dated October 9, 2014, the claims administrator partially approved a request for tramadol, approved a request for Protonix, and denied a urinalysis.The applicant's attorney subsequently appealed.In a progress note dated May 7, 2014, handwritten, sparse, difficult to follow, not entirely legible, the applicant reported ongoing complaints of shoulder pain. Twelve sessions of physical therapy were sought. The applicant was placed off of work, on total temporary disability, while tramadol, Protonix, and Xanax were renewed.In a handwritten progress note dated March 3, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of right and left shoulder pain. Protonix was endorsed. Physical therapy was sought. There was no explicit discussion of medication efficacy.On June 15, 2014, the applicant was again given prescriptions for tramadol and Protonix. The applicant again presented with ongoing complaints of left and right shoulder pain and was again given prescriptions for tramadol and Protonix. The applicant was, once again, placed off of work, on total temporary disability, for an additional 45 days.On August 28, 2014, the applicant was, once again, placed off of work, on total temporary disability while tramadol was renewed. Urine drug testing was endorsed.On October 1, 2014, tramadol, Protonix, and urine drug test were endorsed while the applicant was placed off of work, on total temporary disability, for additional six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine analysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specified parameters for or identify a frequency with which to perform urine drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, however, an attending provider should clearly state what drug tests and/or drug panels he intend to test for, identify when the applicant was last tested, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing, and eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. In this case, however, the attending provider did not clearly state what drug tests and/or drug panels were being sought, nor did the attending provider clearly identify when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Tramadol 150mg, # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: 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, however, the applicant is off of work, on total temporary disability. The applicant has remained off of work through large portions of 2013 and 2014. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.