MAXIMUS Federal Services

Case Number:	CM14-0213794		
Date Assigned:	12/31/2014	Date of Injury:	02/02/2007
Decision Date:	03/03/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 2, 2007.In a Utilization Review Report dated December 18, 2014, the claims administrator denied a urine drug screen, denied ibuprofen, and partially approved tramadol. The claims administrator referenced a progress note dated November 18, 2014 in its determination.The applicant's attorney subsequently appealed.In a progress note dated November 18, 2014, the applicant reported persistent complaints of low back pain status post earlier L5-S1 fusion surgery. The applicant was using Flexeril, tramadol, Motrin, Prilosec, and a topical compounded agent. Multiple medications were dispensed. Permanent work restrictions were renewed, including a rather proscriptive 5-pound lifting limitation. The applicant did have derivative complaints of anxiety and insomnia, it was acknowledged. The attending provider acknowledged that the applicant was not working with the rather proscriptive 5-pound lifting limitation in place. No discussion of medication efficacy transpired.Drug testing was performed on August 15, 2014 and did included nonstandard drug testing for 7 to 10 different benzodiazepine metabolites and 10 different opioid metabolites.On May 11, 2013, the attending provider performed "custom quantitative" analyses of various opioid, benzodiazepine, and barbiturate metabolites.Drug testing of August 15, 2014 likewise included quantitative testing on at least one opioid, tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug 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, Pain Chapter

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: 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 specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, notes that an attending provider should clearly state which drug tests and/or drug panels he intends to test for, should eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context, should clearly identify when an applicant was last tested, should attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated, and should attempt to conform to the best practices of the [redacted] when performing drug testing. Here, the attending provider did not clearly state when the applicant was last tested. The applicant did perform confirmatory and quantitative testing, despite the unfavorable ODG position on the same. The attending provider performed nonstandard testing on multiple different opioid, benzodiazepine, and barbiturate metabolites. Since multiple ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.

Ibuprofen 800mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications; Functional Restoration Approach to Chronic Pain Programs Page(s):.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of work. A rather proscriptive 5-pound lifting limitation remains in place. Ongoing usage of ibuprofen has failed to curtail the applicant's dependence on opioid agents such as tramadol. The attending provider failed to outline any material improvements in function achieved as a result of ongoing ibuprofen usage. All of the

foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of ibuprofen. Therefore, the request is not medically necessary.

Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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. Here, the applicant is off of work. A rather proscriptive 5-pound lifting limitation remains in place, unchanged, from visit to visit. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function effected as a result of ongoing tramadol usage on the November 18, 2014 progress note on which it was renewed. Therefore, the request is not medically necessary.