

Case Number:	CM14-0071886		
Date Assigned:	07/16/2014	Date of Injury:	12/29/2003
Decision Date:	05/27/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/19/2014

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is 54 year old female, who sustained an industrial injury on December 29, 2003. The injured worker has been treated for low back complaints. The diagnoses have included chronic low back pain with lower extremity pain, lumbar facet syndrome, sacroiliac joint dysfunction and lumbar degenerative disc disease. Treatment to date has included medications, radiological studies, epidural steroid injections, facet block injections, radiofrequency facet rhizotomy, psychological assessments, physical therapy and a home exercise program. Current documentation dated May 1, 2014 notes that the injured worker reported low back pain. Physical examination of the lumbar spine revealed tenderness, spasm, hypertonicity and tight muscle bands bilaterally. Range of motion was noted to be painful and restricted. A straight leg raise test was positive on the left side. Lumbar facet loading was positive bilaterally. The treating physician's plan of care included a request for a Urine Drug Screen and the medication Ultram ER 300 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen 4/3/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing April 3, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are lumbar facet syndrome; spinal/lumbar degenerative disc disease; and low back pain. The injured worker, according to the earliest progress note in the medical record dated September 9, 2008, was taking Ultram ER. In a progress note dated April 21, 2011 into the worker was using Norco, Ultram ER, Ambien and Flexeril. These medications were continued according to the most recent progress note dated April 13, 2014. A urine drug screen from May 2014 was positive for benzodiazepines, hydrocodone and alcohol. The treating physician discussed the inconsistent urine drug toxicology screen with the injured worker and informed the injured worker if alcohol appeared in subsequent urine drug screens, opiates would be discontinued. The documentation did not contain objective functional improvement with ongoing Ultram ER and Norco use. There were no risk assessments or detailed pain assessments. There was no attempt at weaning ongoing opiate use. Prior utilization review recommended weaning and discontinuation of opiates (based on the above). There was no attempt at weaning in the medical record. There is no clinical indication or rationale in the medical record for ongoing opiate use. Additionally, there is no aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment in the medical record indicating the frequency for which urine drug testing is appropriate. Consequently, absent clinical documentation with a clinical rationale for urine drug testing and aberrant drug-related behavior, misuse or abuse, urine drug testing date of service April 3, 2014 is not medically necessary.

Ultram ER 300 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram ER 300mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar facet syndrome; spinal/lumbar degenerative disc disease; and low back pain. The injured worker, according to the earliest progress note in the medical record dated September 9, 2008, was taking Ultram ER. In a progress note dated April 21, 2011 into the worker was using Norco, Ultram ER, Ambien and Flexeril. These medications were continued according to the most recent progress note dated April 13, 2014. The documentation did not contain objective functional improvement with ongoing Ultram ER and Norco use. There were no risk assessments or detailed pain assessments. There was no attempt at weaning ongoing opiates. Prior utilization review recommended weaning and discontinuation of opiates (based on the above). There was no attempt at weaning in the medical record. There is no clinical indication or rationale in the medical record for ongoing opiate use. Consequently, absent compelling clinical documentation with evidence of objective functional improvement, risk assessments in detail pain assessments and attempted weaning of opiates, Ultram ER 300 mg # 60 is not medically necessary.