

Case Number:	CM15-0012603		
Date Assigned:	01/30/2015	Date of Injury:	04/30/1999
Decision Date:	03/18/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/22/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on April 30, 1999. The diagnoses have included right shoulder impingement syndrome, right medial and lateral epicondylitis, right knee internal derangement, lumbar discopathy with spondylolisthesis, and lumbar radiculopathy. Treatment to date has included physical therapy, chiropractic treatments, and medications. Currently, the injured worker complains of low back pain radiating down both legs with numbness and tingling, right elbow pain with numbness and tingling, and muscle spasms in both legs. The Primary Treating Physician's report dated December 23, 2014, noted examination of the right shoulder revealed positive tenderness to palpation over the acromioclavicular joint, with Neer's, Hawkin's, and O'Brien's tests positive. Examination noted tenderness to palpation over the medial and lateral epicondyle, the lumbar paraspinal musculature, and over the patella, as well as the posterior medial and lateral ligament line. The claimant had been on Percocet, Fenoprofen and Ultram for pain along with Flexeril. On January 13, 2015, Utilization Review non-certified Ultram ER 150mg #90, home support services times twenty hours a week, and urine toxicology testing. The UR Physician noted the guidelines did not recommend long term use of the Ultram, therefore the request for Ultram ER 150mg #90, was certified with modification to Ultram ER 150mg #58 with the remaining 32 tablets non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that based on the injured worker's clinical history and guidelines cited, the request for home support services twenty hours a week was non-certified, citing the Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic). The UR Physician noted that based

on the clinical history and guideline recommendations, the request for urine toxicology testing was non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), Pain (Chronic). On January 22, 2015, the injured worker submitted an application for IMR for review of Ultram ER 150mg #90, home support services times twenty hours a week, and urine toxicology testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids and Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain score was not noted. There was no indication for being on 2 opioids and an NSAID. No one opioid is superior to another. He had exceeded the maximum dose of 300mg. The continued use of Tramadol ER as above is not medically necessary.

Home support services x 20 hours a week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health Page(s): 51.

Decision rationale: Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, the request for home health is not supported with information regarding its purpose. As a result, the request for home health is not medically necessary.

Urine toxicology testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.