

<b>Case Number:</b>	CM15-0118266		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	04/28/2000
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: 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 a 51-year-old male, who sustained an industrial injury on April 28, 2000, incurring low back injuries. He was diagnosed with lumbar disc disease, disc herniation and lumbosacral sprain. In January 2001, the injured worker underwent a lumbar laminectomy, discectomy, and decompression of the nerve root. Treatment included physical therapy, home exercise program, anti-inflammatory drugs, pain medications, and work modifications. In 2004, he underwent surgical removal of hardware from the spine. Currently, the injured worker complained of continued neck and lower back pain rated 8/10 on a pain scale of 1 to 10. He had difficulty with prolonged standing, sitting and repetitive bending, stooping or lifting. The pain affected the injured worker activities of daily living. The treatment plan that was requested for authorization included a prescription for Tramadol and one urine drug test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Upheld

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

**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, Tramadol 50mg #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 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 musculoligamentous strain cervical spine; traumatic musculoligamentous lumbar spine strain; herniated ruptured disc L4 - L5 and L5 - S1; status post lumbar laminectomy and discectomy L4 - L5 and L5 - S1 with stabilization procedure with radiculitis; status post removal of hardware, further laminectomy and discectomy and foraminotomy; failed back syndrome; anxiety/neurosis; and drug-induced gastritis, esophagitis. The documentation from a February 4, 2015 progress note states the injured worker was taking Motrin and Axid at that time. Tramadol was not documented. In a March 4, 2015 progress note, the documentation indicates the injured worker will continue Tramadol. The start date is unspecified based on the medical documentation available for review. According to a May 20, 2015 progress note, the injured worker had ongoing neck pain increased with repetitive motion and low back pain. Objectively, there was tenderness to palpation and decreased range of motion. Neurologically, there were no acute findings. There is no documentation demonstrating objective functional improvement with ongoing Tramadol. There were no risk assessments and no detailed pain assessment in the medical record. There was no documentation of first line of opiate failure. Tramadol is a second line opiate. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Tramadol, risk assessments, detailed pain assessments and documentation of first-line opiate failure, Tramadol 50mg #60 is not medically necessary.

**One urine drug test:** Upheld

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

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one urine drug test 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 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 musculoligamentous strain cervical spine; traumatic musculoligamentous lumbar spine strain; herniated ruptured disc L4 - L5 and L5 - S1; status post lumbar laminectomy and discectomy L4 - L5 and L5 - S1 with stabilization procedure with radiculitis; status post removal of hardware, further laminectomy and discectomy and foraminotomy; failed back syndrome; anxiety/neurosis; and drug-induced gastritis, esophagitis. The documentation from a February 4, 2015 progress note states the injured worker was taking Motrin and Axid at that time. Tramadol was not documented. In a March 4, 2015 progress note, the documentation indicates the injured worker will continue Tramadol. The start date is unspecified based on the medical documentation available for review. According to a May 20, 2015 progress note, the injured worker had ongoing neck pain increased with repetitive motion and low back pain. Objectively, there was tenderness to palpation and decreased range of motion. Neurologically, there were no acute findings. There is no documentation demonstrating objective functional improvement with ongoing Tramadol. There were no risk assessments and no detailed pain assessment in the medical record. There was no documentation of first line of opiate failure. Tramadol is not medically necessary and, as a result, a urine drug screen is not clinically indicated. Additionally, there is no clinical rationale in the medical record for urine drug toxicology screen. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, one urine drug test is not medically necessary.