

Case Number:	CM15-0119269		
Date Assigned:	06/29/2015	Date of Injury:	12/30/2013
Decision Date:	07/30/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/19/2015

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: Texas, New York, 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 SISCI beneficiary who has filed a claim for chronic neck, back, upper extremity, and lower extremity pain reportedly associated with an industrial injury of December 30, 2013. In a Utilization Review report dated June 16, 2015, the claims administrator failed to approve a request for Ultracet and urine drug screen. The claims administrator referenced a June 10, 2015 RFA form and associated progress note of May 28, 2014 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated June 10, 2015, Naprosyn, Ultracet, Flexeril, a urine drug screen, and Prilosec were endorsed. In an associated progress note dated May 28, 2015, the applicant reported ongoing complaints of neck, mid back, low back, elbow, wrist, and forearm pain. The note was very difficult and mingled historical issues with current issues. The applicant was asked to continue using a wrist splint. Naprosyn, Prilosec, Ultracet, and Flexeril were endorsed. The applicant was asked to continue permanent work restrictions imposed by an Agreed Medical Evaluator (AME). Toward the top of the report, it was acknowledged that the applicant was not working with said limitations in place and was "unemployed." The applicant's pain complaints were described as constant and severe and aggravated by lifting, cooking, typing, and performance of activities of daily living as basic as self-care and personal hygiene.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultracet) 37.5/325mg #60 1-2 tabs twice per day with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter (Online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Ultracet, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. 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, however, the applicant was off of work and was unemployed, it was reported on May 28, 2015. The applicant reported severe and constant pain complaints on that date and reported difficulty-performing activities of daily living as basic as typing, cooking, laundry, self-care, personal hygiene, lifting, etc. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy as Ultracet. Therefore, the request was not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, criteria for use; Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. 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, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization of testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department overdose context, clearly state which drug tests or drug panels he intends to test for and why, and attempt to categorize the applicants in the higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the May 28, 2015 progress note did not clearly state, which drug testing, or drug panel the attending provider was testing for. The attending provider did state on May 27, 2015 that he was performing confirmatory and quantitative testing, despite the unfavorable ODG prescription on the same. The attending provider did not furnish rationale for such testing. There was no attempt made to categorize the applicant in the higher or lower risk categories for whom more or less frequent drug testing would have been indicated here. It was not clearly stated when the

applicant was last tested. Since multiple ODG's criteria for pursuit of drug testing were not met, the request was not medically necessary.