

<b>Case Number:</b>	CM15-0123220		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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

Certification(s)/Specialty: Emergency 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(n) 45 year old male, who sustained an industrial injury on 9/13/13. He reported pain in the lower back with radiation to the right lower leg related to cumulative trauma. The injured worker was diagnosed as having lumbar myofascial pain syndrome, bilateral plantar fasciitis and rule out lumbar spine disc protrusion. Treatment to date has included an EMG of the bilateral lower extremities on 1/15/14 showing normal results, physical therapy, a lumbar MRI on 9/3/14 and Tramadol. The urine drug screen on 4/16/15 was positive for Hydrocodone and Hydromorphone which were not prescribed. As of the PR2 dated 4/16/15, the injured worker reports pain in his neck, upper back, mid back, lower back, bilateral shoulders and bilateral feet. He rates his lower back pain a 4/10 and a 6/10 with activity. Objective findings include decreased range of motion, a positive straight leg raise test bilaterally and tenderness to palpation of L3 through L5. The treating physician requested Tramadol 50mg #60, a urine toxicology screen, an EMG of the bilateral lower extremities and a lumbar MRI.

### 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 Page(s): 79-80 and 81. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Management Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The chronic use of opioids requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to the injured worker, there is no clear documentation of an improvement of functional benefit, an increase in activity or a reduction in the use of medications. There is incomplete fulfillment of the criteria for use based upon the MTUS guidelines, and the medical benefit is suspect. Therefore, the request as written is not medically necessary.

**UTS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Analysis Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request is for a urine toxicology screen. The MTUS guidelines support the use of urine drug screen prior to the initiation of opioid therapy, or with issues of abuse, addiction, or poor pain control. The injured worker underwent previous urine drug screen on 4/16/15. There is no clear documentation to suggest that the injured worker is at risk for abuse or addiction, and repeat testing at such a close interval is unlikely to be of medical benefit. The request as written is not supported by the MTUS and is not medically necessary.

**EMG of BLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

**Decision rationale:** The request is for electromyography study of bilateral lower extremities. The MTUS guidelines support the use of electromyography to identify subtle, focal neurologic deficits in an injured worker with low back complaints lasting more 4 to 6 weeks. The injured worker has already had an EMG performed on 1/15/14. There is no clear documentation of subsequent injury or change in physical examination that would support repeat testing. The request as written is not supported by the MTUS, is unlikely to be medically beneficial, and is therefore not medically necessary.

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (Minnesota Rules) Parameters for medical imaging.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

**Decision rationale:** The request is for MRI of the lumbar spine. Per records, the injured worker has had an MRI on 9/3/14. The Official Disability Guidelines only recommends repeat MRI in the setting of a significant change in symptoms/signs and findings suggestive of red-flag pathology. Indications include lumbar spine trauma, definable neurologic deficit, progressive neurologic deficits, or prior to planned lumbar surgery. There is no suggestion for a significant progression of symptoms that would define a red-flag condition. The request as written is not supported by the MTUS and is therefore not medically necessary.