MAXIMUS Federal Services

Case Number:	CM15-0064647		
Date Assigned:	04/10/2015	Date of Injury:	05/13/2002
Decision Date:	05/27/2015	UR Denial Date:	03/08/2015
Priority:	Standard	Application Received:	04/06/2015

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, Massachusetts
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 injured worker is a 65 year old female with an industrial injury dated 05/13/2002. The injured worker diagnoses include fibromyalgia syndrome, chronic myofascial pain, headaches, hypertension, bilateral inguinal hernias, psychological diagnosis, lumbar degenerative disc disease and L5-S1 with intermittent lumbar radiculopathy. She has been treated with diagnostic studies, prescribed medications, consultation, and periodic follow up visits. According to the progress note dated 2/11/2015, the injured worker complained of pain throughout body with greatest pain in her back. Objective findings revealed tenderness in the lower lumbar paravertebral musculature and tenderness in the posterior cervical and bilateral trapezial musculature. The treating physician prescribed services for urine drug screen and Ultram now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: UDS are indicated if opioids are prescribed on a long term basis. If the patient is continued on opioids then regular UDS is indicated to verify compliance. However since the determination was that opioids are not recommended at this time for her conditions, therefore the requested UDS is not medically necessary. If however the patient is continued on opioids than UDS would be appropriate.

Ultram 50 mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. The patient has been taking Ultram, a short acting opioid, regularly for many years (at least 3 years). From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. Subjective pain scores are not with significant improvement, there is no noted significant improvement in objective physical exam findings or functional capacity. Additionally the patient appears to be suffering from fibromyalgia syndrome and chronic myofasical pain, which is complicated by psychological diagnosis. These diagnoses are not effectively controlled with long-term use of opioids and opioids are not considered first line therapy for these conditions. Consequently, continued use of short acting opioids is not medically necessary.