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|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0067971 |                              |            |
| <b>Date Assigned:</b> | 04/15/2015   | <b>Date of Injury:</b>       | 07/28/2013 |
| <b>Decision Date:</b> | 06/11/2015   | <b>UR Denial Date:</b>       | 03/31/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/09/2015 |

### 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: New Jersey, Alabama,

California

Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old female, who sustained an industrial injury on 07/28/2013. She has reported subsequent low back pain radiating to the left lower extremity and was diagnosed with lumbar strain, degenerative disc disease with L5/S1 bulge and left S1 radiculopathy. Treatment to date has included oral pain medication, lumbar epidural steroid injection and physical therapy. In a progress note dated 03/23/2015, the injured worker complained of left low back pain radiating to the left lower extremity. Objective findings were notable for an antalgic gait, positive straight leg raise on the left and inability to toe walk left. A request for authorization of intramuscular tramadol and a full panel drug screen was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IM Tramadol Injection (DOS 03/23/2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 73.

**Decision rationale:** According to MTUS guidelines, "Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions." Toradol is recommended for severe acute pain for a short period of time. There is no documentation that the patient suffered from acute pain. The patient current pain is clearly chronic. Therefore, the request to prescribe Toradol is not medically necessary.

**Drug Screen Full Panel Drug Screen (DOS 03/23/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient have a history of use of illicit drugs. Therefore, the request for Drug Screen Full Panel Drug Screen is not medically necessary.