

<b>Case Number:</b>	CM15-0078402		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 York, West Virginia, Pennsylvania  
 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 53-year-old female, who sustained an industrial injury on October 3, 2013. The injured worker was diagnosed as having mechanical low back and neck pain and carpal tunnel syndrome of right hand. Treatment and diagnostic studies to date have included medication. A progress note dated December 15, 2014 provides the injured worker complains of headaches causing her to go to emergency department and muscle spasms in the neck. Physical exam notes decreased range of motion (ROM) of the back and right leg, cervical and lumbar tenderness, positive Tinel's sign of the right hand and decreased strength and pinprick sensation. The plan is for medication. There is a request for retrospective (4/06/15) medication and lab work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #120 per 4/6/15 request:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 76-77, 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** Guidelines recommend opioids for acute exacerbations of chronic pain and that patients be monitored for efficacy, functional improvement, side effects and signs of aberrant drug use. In this case, Ultram was started on 2/6 15 but there is no discussion of resulting efficacy and functional benefit. The request for Tramadol 50 mg #60 is not medically necessary.

**Retrospective (DOS: 4/6/15) Urine drug screening per 04/06/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Guidelines recommend random urine drug screen for standard drug classes as part of an opioid treatment plan for patients receiving long-term opioid therapy or in cases in which the patient has issues of abuse or poor pain control. In this case, a urine drug screen is requested with no documentation of the specific substance to be included or whether a quantitative or qualitative test should be performed. The request for urine drug screen is not medically necessary.