

Case Number:	CM15-0090589		
Date Assigned:	05/14/2015	Date of Injury:	09/01/2009
Decision Date:	06/19/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/11/2015

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

Certification(s)/Specialty: Internal 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 62 year old female, who sustained an industrial injury on 9/1/09. She reported right knee pain that radiated to the low back. The injured worker was diagnosed as having cephalgia, TMJ pain, cervical radiculopathy, lumbar radiculopathy, bilateral knee pain status post right knee surgery, right greater than left shoulder pain, and left elbow pain. Treatment to date has included physiotherapy, aquatic therapy, psychiatric treatment and medications such as Tramadol and Cyclobenzaprine. The injured worker had been taking Tramadol since at least 8/20/14. Currently, the injured worker complains of neck pain, left orbital pain, lumbar pain, right more than left shoulder pain, and right more than left knee pain. The treating physician requested authorization for Tramadol 50mg #60 and 1 urine toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol 50mg #60 provided on 2/4/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram ER).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 93-96.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there was no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient responded to ongoing opioid therapy. Medical necessity of the requested medication was not established. Of note, discontinuation of an opioid analgesic required a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Retrospective request for an urine toxicology test provided on 2/4/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance dependence, addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability guidelines: Urine Drug Test.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, Tramadol was not found to be medically necessary. The claimant was not maintained on any other opioid medications. There was no specific indication for the requested urine drug test. Medical necessity for the requested medication was not established. The requested urine drug screening is not medically necessary.