

<b>Case Number:</b>	CM14-0146023		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 47-year-old who reported injury on August 2, 2013. The mechanism of injury was a fall. The injured worker was being monitored for aberrant drug behavior through urine drug screens. The surgical history was not provided. The injured worker underwent an MRI of the cervical spine, thoracic spine and elbow along with x-rays. The MRI of the left elbow on December 7, 2013, which revealed the injured worker had lateral epicondylitis. Prior therapy included acupuncture and physical therapy. There was a Request for Authorization for an orthopedic specialist for the left elbow on February 27, 2014. The documentation of February 27, 2014 revealed the injured worker was pending an orthopedic evaluation. The injured worker had failed other therapies. The documentation was handwritten and difficult to read. The injured worker had lateral epicondylitis per diagnosis. There was a Request for Authorization for a urine drug screen. The documentation of April 10, 2014 revealed the injured worker was discontinuing tramadol due to dizziness. The injured worker was discontinuing acupuncture, secondary to discomfort.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL ER 150 mg, 45 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was undergoing urine drug screens. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation of possible side effects. The request as submitted failed to indicate the frequency for the requested medication and the original date of request. The duration of use could not be established through supplied documentation. Given the above, the request for Tramadol HCL ER 150 mg, 45 count, is not medically necessary or appropriate.

**One urine toxicology:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend urine drug screens for injured workers who have documented issues of addiction, abuse, or poor pain control. The clinical documentation submitted for review failed to provide that the injured worker had issues of addiction, abuse or poor pain control. Given the above, the request for one urine toxicology is not medically necessary or appropriate.

**One orthopedic consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, Page 163

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines indicate that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management and determination of medical stability. The clinical documentation submitted for review indicated the request was made for an orthopedic specialist for the elbow. This request would be supported per MRI findings. However, the request as submitted failed to indicate the body part to be treated through an orthopedic consultation and, therefore, the type of orthopedist consultation that was being requested. Given the above, the request for one orthopedic consultation is not medically necessary or appropriate.