

Case Number:	CM14-0149709		
Date Assigned:	09/18/2014	Date of Injury:	08/27/2004
Decision Date:	10/23/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 27, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compound; and unspecified amounts of physical therapy over the course of the claim. The applicant's case and care have apparently been complicated by comorbid diabetes. In a Utilization Review Report dated August 23, 2014, the claims administrator denied a urinalysis, denied a lumbar MRI, partially certified tramadol, approved gabapentin, conditionally denied physical therapy, and conditionally denied cyclobenzaprine. The applicant's attorney subsequently appealed. In a June 28, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities. It was stated that the applicant was pending MRI imaging. The applicant did exhibit positive straight leg raising with normal lower extremity muscle strength and sensation with no atrophy appreciated. Topical compounds, 24 sessions of physical therapy, a urinalysis/urine drug test, MRI imaging of the lumbar and cervical spines, and electrodiagnostic testing of the bilateral upper and bilateral lower extremities was sought while the applicant was placed off of work on, total temporary disability. The applicant was given prescriptions for tramadol, Flexeril, Neurontin, and several topical compounds. In an early note dated May 31, 2014, the applicant was again placed off of work, on total temporary disability. Terocin, several topical compounds, electrodiagnostic testing, physical therapy, MRI imaging, aquatic therapy, and an ultrasound stimulator were endorsed while the applicant was placed off of work, on total temporary disability. The applicant was also asked to "continue taking tramadol." Urine drug testing was apparently performed on May 31, 2014 and did apparently include testing for 10 different benzodiazepine metabolites and 15 different opioid metabolites. The testing also included confirmatory and quantitative testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 URINALYSIS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic. Page(s): 43. Decision based on Non-MTUS Citation , Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform urine drug testing. As noted in ODG's Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly state when an applicant was last tested, identify what drug tests and/or drug panels he intends to test for, and attempt to conform to the best practices of the United States of Department of Transportation when performing testing. In this case, however, the attending provider did not clearly identify when the applicant was last tested. The attending provider did not provide any rationale for pursuit of confirmatory and/or quantitative testing when ODG does not recommend the same outside of the emergency department drug overdose context. ODG also recommends that an attending provider attempt to conform to the best practices of the Unified State of Department of Transportation (DOT) when performing drug testing. The testing for 10 different benzodiazepine metabolites and 15 different opioid metabolites, however, did not conform to the best practices of the DOT. Therefore, the request was not medically necessary.

1 MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. In this case, there is no evidence the applicant was actively considering or contemplating any kind of surgical intervention involving the lumbar spine on or around the date in question. The applicant's well-preserved lower extremity neurologic function, moreover, argue against any focal neurologic compromise associated with the lumbar spine which would compel the proposed MRI imaging. Therefore, the request is not medically necessary.

TRAMADOL HCL ER 150MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function as achieved as result of ongoing tramadol usage. Therefore, the request is not medically necessary.