

<b>Case Number:</b>	CM13-0029540		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	01/04/2004
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 patient is a 49 year old female with a date of injury on 01/01/2004. She has been treated for bilateral knee pain and lumbar radiculopathy. Another listed diagnosis is myalgia and myositis. On 07/25/2013 she had a lumbar epidural steroid injection. On 08/14/2013 she had decreased lumbar range of motion, lumbar myofascial pain to palpation and tenderness at L4 - S1. Recently she completed 4 weeks of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE LOW BACK, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Radiculopathy Section

**Decision rationale:** In the absence of red flag signs, MTUS ACOEM Chapter 12 Low Back Complaints provides for a few physical therapy visits for instruction for a home exercise

program. MTUS Chronic Pain Neuritis, radiculitis, myositis provides for 8 -10 physical therapy visits. The Official Disability Guidelines (ODG) for lumbar radiculitis provides for 10 to 12 physical therapy visits. She just completed 4 weeks of physical therapy and the additional requested 8 physical therapy visits would exceed the maximum total allowed per the above guidelines.

**NAPROXEN 550MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 70-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-68.

**Decision rationale:** The MTUS Guidelines note the following: Cardiovascular risks and GI bleeding risks are present for all NSAIDs. There are risks to the kidney and liver. NSAIDs should be used in the lowest dose and for the shortest period of time. For back pain NSAIDs are not more effective than acetaminophen. There is inconsistent evidence to treat long term back pain/neuropathic pain. The request is denied.

**KETOGEL 120 GMS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

**Decision rationale:** The California MTUS Chronic Pain topical Medication notes that topical analgesics are "largely experimental with few randomized controlled studies to determine efficacy and safety. Topical NSAIDs do not appear to be effective after 2 weeks. The request is denied.

**TRAMADOL 50MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 75-78.

**Decision rationale:** Tramadol is an opioid. For on going treatment with opioids, MTUS Chronic pain notes there should be documentation of onset of effect, duration, efficacy, attempts to wean to the lowest effective dose and follow up in place to ensure it is used properly. This is not documented. The patient continues to have 7/10 pain. Further, there is documentation that patients weaned off opioids have the same rates of return to work as those who continue to use

opioids. There is no documentation that opioids have led to a functional improvement for this patient.