

<b>Case Number:</b>	CM13-0032621		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Texas. 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 physician 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 46-year-old male who reported an injury on 05/24/2013. The mechanism of injury was stated to be a lifting injury. The patient was noted to have paraspinal tenderness and hypertonicity bilaterally. The patient's Kemp's test was positive bilaterally. The patient's diagnoses were noted to include lumbar stenosis at L4-5 and L5-S1. The treatment plan was noted to include physical therapy 2 times a week for 4 weeks and Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 4 weeks of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** CA MTUS states that physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated that the patient had a

straight leg raise that was positive at 60 degrees with radiation down to the posterior thigh bilaterally. The patient was noted to have limited range of motion of the lumbar spine. Palpation of the paraspinal muscles revealed that the patient had tenderness and hypertonicity bilaterally. The patient was noted to have 9 sessions of physical therapy, which the physician indicated helped the patient. However, there was a lack of documentation indicating that the patient has objective functional deficits remaining and functional benefit that was received with therapy. The patient was noted to have 9 visits; further treatment would exceed guideline recommendations. There was a lack of documentation of exceptional factors to exceed the guideline recommendations. Given the above, the request for physical therapy 2 times 4 weeks for the lumbar spine is not medically necessary.

**Ultram (Tramadol 50mg) #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management, Lodine Page(s): 82, 93, 94, 113, 71, 78.

**Decision rationale:** The California MTUS states that central analgesic drugs such as tramadol (Ultram®) are reported to be effective in managing neuropathic pain, and they are not recommended as a first-line oral analgesic. Lodine, per California MTUS is an NSAID. The clinical documentation submitted for review indicated that the patient was taking Lodine at 3 tablets a day, and the physician stated they wanted to add Ultram to the patient's Lodine since Lodine was not controlling the pain. The physician indicated that the patient was being prescribed Ultram as a second-line therapy, as it was noted that the patient had tried and failed other first-line therapies, including physical therapy, activity restrictions, Lodine and home exercises. The clinical documentation failed to indicate the necessity for two tablets per day. Given the lack of documentation of the necessity for 120 tablets, the request for Ultram (tramadol) 50 mg #120 is not medically necessary.