

<b>Case Number:</b>	CM13-0042204		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/08/2011
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 physical medicine and rehabilitation, has a subspecialty in pain management, 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 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:

This patient has a date of injury October 8, 2011. A utilization review determination dated October 3, 2013 recommends noncertification of physical therapy 3X4, cyclobenzaprine, tramadol ER, and transportation to and from doctor visits. A progress report dated August 30, 2013 indicates that the patient continues to have right dorsal wrist pain and right shoulder pain. He underwent wrist ganglionectomy on August 19. The note states that the current medication results in greater function and activity such as bathing, grooming, grocery shopping, and basic household duties. The note also indicates significant diminution in pain level with medications. The note states that tramadol ER reduces pain by 4 points on a 10 point scale as well as improving range of motion and adherence to exercise and activity. Tramadol ER has also reduced his consumption of hydrocodone. The note goes on to indicate that cyclobenzaprine reduces the patient's pain by 3 points, and facilitates greater tolerance to everyday activity including exercise and improved range of motion. Objective examination findings identify hyperalgesia in the right dorsal wrist and hyperesthesia from 6 cm proximal to wrist, distally. There is diffuse motor deficit in the right upper extremity. Treatment plan recommends postoperative physical therapy at 3 times the week for 4 weeks, cervical pillow, cyclobenzaprine, and a proton pump inhibitor. A urine toxicology review dated December 16, 2013 is consistent with the patient's prescribed medications. A progress report dated December 13, 2013 indicates that the patient has not had postoperative physical therapy and remains deconditioned as a result of disuse. A progress report dated November 19, 2013 indicates that the patient has had for physical therapy sessions postoperatively. A progress report dated November 1, 2013 indicates that the patient has had 24 postoperative physical therapy sessions to date. The note recommends continuing transportation to and from indust

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, three times per week for four weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Forearm, Wrist, & Hand Chapter, and Physical Therapy Chapter.

**Decision rationale:** The Physician Reviewer's decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Guidelines recommend 18 post surgical therapy visits following ganglionectomy. Within the documentation available for review, it is unclear how many therapy sessions the patient has undergone postoperatively. Notes indicate that the patient has had no therapy, 4 therapy sessions, and 24 therapy sessions. It is unclear which of these numbers is accurate. Additionally, there is no documentation of objective functional improvement as a result of the therapy already provided. If the patient has undergone no postoperative therapy, guidelines generally recommend that 50% of the maximum recommended visits be provided. With documentation of objective functional improvement, further sessions may be authorized. The current request for 12 therapy sessions exceeds the 50% trial (9 sessions) recommended by guidelines. The request for physical therapy, three times per week for four weeks, is not medically necessary or appropriate.

**Cyclobenzaprine 7.5 mg, 90 count: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63-66.

**Decision rationale:** Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The request for Cyclobenzaprine 7.5 mg, 90 count, is not medically necessary or appropriate.

**Tramadol ER: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 76-79.

**Decision rationale:** Regarding the request for Ultram ER, California Pain Medical Treatment Guidelines state that Ultram ER is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has identified analgesic benefit as a result of this medication, specific objective functional improvement, no side effects reported, and no aberrant behavior reported. Additionally, the requesting physician has indicated that all tram is being used as a 2nd line option to reduce the use of hydrocodone. The request for Tramadol ER is medically necessary and appropriate.

**Transportation to and from doctor's visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Coverage of Ambulance

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Coverage of Ambulance, page 6

**Decision rationale:** Regarding the request for transportation to and from doctors visits, California MTUS and ODG do not contain criteria for the use of transportation. Medicare guidelines state that nonemergency ambulance transportation may be provided to diagnose or treat a health condition when the use of any other transportation method could endanger a patients health. Within the documentation available for review, there is no indication that any other transportation method could endanger this patient's health. The request for transportation to and from doctor's visits is not medically necessary or appropriate.