

Case Number:	CM13-0044368		
Date Assigned:	12/27/2013	Date of Injury:	03/10/2011
Decision Date:	08/15/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 62-year-old female with date of injury of 03/10/2011. The listed diagnoses per [REDACTED] dated 10/04/2013 are: 1. Acute cervical strain. 2. Acute lumbar strain. 3. Left index finger distal interphalangeal injury, status post dog bite. 4. Bilateral knee contusion with chronic pain. 5. Anxiety, psychiatric issues, and posttraumatic stress disorder. 6. Stomach upset, sleep issues, high blood pressure, and headaches. According to this report, the patient complains of bilateral wrist and hand pain. She has been taking Ultram 2 to 3 times a day. She reports improvement in her pain level from 8/10 to 2/10 after taking medications. The examination of the lumbar spine reveals limited range of motion. There is tenderness and hyper tonicity noted over the lumbar paraspinal muscles bilaterally. Muscle strength was 4/5. Sensation was normal in the L4, L5, and S1 nerve root distribution bilaterally. Deep tendon reflexes were 2+ on the patellar and Achilles reflexes bilaterally. The utilization review denied the request on 10/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 2 WEEKS TO TRANSITION TO HOME EXERCISE PROGRAM- LUMBAR SPINE: Overturned

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

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

Decision rationale: This patient presents with bilateral wrist and hand pain. The treater is requesting 4 physical therapy sessions to transition to a home exercise program for the lumbar spine. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia-, myositis-, and neuralgia-type symptoms. The records do not show any recent physical therapy reports to verify how many treatments the patient has received and with what results. The progress report dated 10/04/2013 documents that the patient has completed 18 sessions of physical therapy with some benefit. However, she was not instructed on a home exercise program. In this case, while the patient has received 18 physical therapy sessions, it has been 5 months ago. The requested 4 sessions appear reasonable for the purposes of re-education and home exercise program. The request is medically necessary.

ULTRAM (TRAMADOL 50MG) TABS #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: This patient presents with bilateral wrist and hand pain. The treater is requesting Ultram (tramadol 50 mg) #120. For chronic opiate use, the MTUS Guidelines requires specific documentations regarding pain and function. Page 78 of the MTUS requires pain assessment that requires current pain; least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Furthermore, the 4 As for ongoing monitoring are required which includes: Analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The records show that the patient has been taking Ultram since 2011. The treater documents medication efficacy stating that the patient's pain level without medication is 8/10 and 2/10 with medications. The supplemental report dated 04/05/2013 documents inconsistent results from prescribed medications. In addition, the treater did not document quality of life changes. There is no discussion regarding adverse side effects. Given that the criteria required by the MTUS Guidelines were only partially met, recommendation is for denial and slow tapering of the opiate.