

<b>Case Number:</b>	CM13-0046767		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 & 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:

This patient is a 64-year-old male with date of injury of 10/16/2012. Per [REDACTED], treating physician's multiple reports from 04/26 to 11/27/2013, listed diagnoses are cervical pain, lower back pain, cervical radiculopathy, lumbosacral thoracic radiculitis. All of these reports are handwritten with checkmarks next to lumbosacral and cervical spine for pain, and limited range of motion next to the spine. His 04/26/2013 report recommends chiropractic care 2 times 6, Flexeril and Elavil. A 07/17/2013 report has Norflex 100 mg #60 and under objective findings, states canal stenosis and disk bulging. There is also a circle around chiro and medication. Under medication, he lists Elavil and tramadol 50 mg #60 and there is also a circle around [REDACTED] [REDACTED] DC for work conditioning 2 times a week for 6 weeks. Another report by [REDACTED] on 10/16/2013 has a circle around work conditioning and chiro but there are no discussions provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening twice a week for six weeks for the neck and lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Programs Page(s): 125.

**Decision rationale:** MTUS Guidelines has a discussion regarding Work Conditioning/Work Hardening Programs. Criteria for admission include adequate trial of physical or occupational therapy with improvement followed by plateau and not likely to benefit from continued physical therapy; not a candidate where physical and medical recovery sufficient to allow for progressive reactivation and participation for minimum of 4 hours a day 3 to 5 days a week; and a defined return to work goal agreed by the employer and employee including documented specific job to return to with job demands that exceed abilities or documented on the job training. In this case, none of this information is evidenced. Recommendation is for denial.

**Tramadol 50mg, # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, and Opioids for Neuropathic pain Page(s): 80,82,84.

**Decision rationale:** MTUS Guidelines require specific documentations for chronic use of opiates for chronic pain. MTUS Guidelines require pain assessment and function compared to baseline, documentation of 4 As including analgesia, activities of daily living, adverse side effects, aberrant behavior. In this case, none of these data were provided to validate use of tramadol. Reports reviewed from 04/26 to 11/27 are handwritten and none of the reports include any pain scales, functional measures, discussion regarding patient's activities of daily living, or return to work. Recommendation is for denial.