

Case Number:	CM13-0054448		
Date Assigned:	12/30/2013	Date of Injury:	05/06/2009
Decision Date:	04/02/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/19/2013

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 & Rehabilitation, has a subspecialty in Pain 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 39 year old male who reported a work related injury on 05/06/2009 due to a fall. The patient has complaints of low back pain, neck pain, arm pain, and bilateral knee pain. The patient's medications include Tramadol, ketoprofen, Neurontin, Norflex, Medrox patch, Sintralyn P.M., and Keto-Flex. Conservative treatment includes physical therapy, aquatic therapy, acupuncture, chiropractic care, and TENS unit. A urine drug screen dated 07/29/2013 revealed inconsistent findings for fluoxetine. A request has been made for 6 urine drug screens per year, Tramadol 50 mg #150, and 12 aquatic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 UDS per year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing

Decision rationale: California Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the

presence of illegal drugs. Official Disability Guidelines state that patients at low risk of addiction/aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. In addition, patients at high risk of adverse outcomes may require testing as often as once per month. There was no rationale provided for the request for 6 urine drug screens per year for the patient. The patient was not noted to be at risk for misuse of medications in the submitted documentation. There was also no evidence of a risk assessment screening completed for the patient and no evidence of the patient falling under a high risk category for frequent monitoring. Therefore, the request for 6 UDS per year is non-certified.

Tramadol 50mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-84.

Decision rationale: California Medical Treatment Guidelines for Chronic Pain state that there are no long term studies to allow for recommendations for Tramadol for longer than 3 months. Per submitted documentation, the patient was noted to have been prescribed Tramadol since at least 2012. There were no functional benefits noted for the patient which could be objectively measured due to the use of Tramadol. Guidelines state there should include an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for patients taking opioids for pain management. Guidelines further state to continue opioids if the patient has returned to work and if the patient has improved functioning and pain relief. There was no evidence given that the patient has returned to work and there was no documentation of the patient's improved functioning and pain relief, such as an objective decrease in VAS scales due to the use of Tramadol. Therefore, the decision for Tramadol 50mg #150 is non-certified.

12 aquatic therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, and Physical Medicine Page(s): 22, 98-99.

Decision rationale: Per clinical note dated 06/18/2013, it was noted the patient had 4 sessions of aquatic therapy in the past year with positive results. The clinical documentation stated that the patient had such severe foot and ankle pain that he could not bear weight for any prolonged period of time, which was why land-based therapy was unsuccessful for him. California Medical Treatment Guidelines for Chronic Pain state that aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy where reduced weight-bearing is desirable. California Medical Treatment Guidelines recommend 9 visits to 10 visits over 8 weeks for myalgia and myositis. The request was for 12 aqua therapy visits. Aqua

therapy sessions may be medically reasonable for the patient; however, the request for 12 visits exceeds the guideline recommendations. In addition, there were no significant functional deficits reported for the patient in the recent clinical documentation submitted in order to warrant 12 visits of aqua therapy. As such, the decision for 12 aquatic therapy sessions is non-certified.