MAXIMUS Federal Services

Case Number:	CM13-0057639		
Date Assigned:	12/30/2013	Date of Injury:	08/05/2000
Decision Date:	03/27/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 is a 70-year-old with an 8/5/2000 industrial injury claim. According to the 10/17/13 report from [redacted], the diagnoses includes: right shoulder impingement syndrome; subacromial bursitis; s/p right shoulder surgery 6/28/04; lumbar stenosis; bilateral shoulder arthrosis; Carpal Tunnel Syndrome; lumbar radiculopathy; lumbar herniation L2/3 to L5/S1. Grade 1 spondylolisthesis L5/s1, anxiety; s/p lumbar fusion 9/1/10. The patient presents with ongoing 5-7/10 aching and burning pain in the low back and lower extremities. [redacted] recommended a 1-year gym and pool membership; a lumbar spine support; tramadol for pain; and a urinalysis for medication compliance. On 11/15/13, CID UR recommended denial for these items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, 90 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80 AND 113.

Decision rationale: The patient has chronic back and leg pain. I am asked to review for necessity of tramadol. The records show this was initially prescribed on the 10/17/13 report.

Prior to this, the patient was taking Norco. The Chronic Pain Medical Treatment Guidelines states: "a therapeutic trial of opioids should not be employed until the patient has failed non-opioid analgesics " There was no rationale provided for tramadol on the 10/17/13 report, and no mention of failed first-line medications. The request for Tramadol 50 mg, 90 count, is not medically necessary or appropriate.

One urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The patient presents with low back and leg pain. The physician performed a UDT (urine drug test) on 10/17/13 that did not detect opiates. On 10/17/13, [redacted] did not prescribe Norco, but the history shows that he has used Norco in the past. There is no discussion of whether the patient is considered above a low-risk for aberrant drug behavior. The prior UDT was on 5/16/13 and was consistent. The issue appears to be the frequency of UDT. The Chronic Pain Medical Treatment Guidelines does not specifically discuss the frequency that UDT should be performed. The ODG is more specific on the topic and states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. This patient was tested on 5/16/13 and appears consistent. There is no discussion of whether the patient is considered above a low-risk for aberrant drug behavior. The ODG states that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for one urinalysis is not medically necessary or appropriate.

One lumbar spine brace support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 AND 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301 AND 308 (TABLE 12-8).

Decision rationale: The patient presents with back and leg pain. The aptient has not returned to work. The patient's injury was over 13 years ago, and would be considered in the chronic phase. The Low Back Complaints Chapter of the ACOEM Practice Guidelines states: " Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief" The Low Back Complaints Chapter of the ACOEM Practice Guidelines does not recommend lumbar supports beyond the acute phase of care. The exception would be if the patient had returned to work and the support was to be used for prevention. The lumbar support does not appear to be in accordance with the Low Back Complaints Chapter of the ACOEM

Practice Guidelines. The request for one lumbar spine brace support is not medically necessary or appropriate.

one year gym and pool membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines, Low Back Chapter, Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Chapter

Decision rationale: The patient presents with low back and leg pain and requests a gym membership and pool membership for a year. The Chronic Pain Medical Treatment Guidelines does support aquatic therapy, but not the gym membership. The Chronic Pain Medical Treatment Guidelines states the aquatic therapy visits should be supervised and the total number of visits would be the same as the physical medicine guidelines, or 8-10 sessions for various myalgias or neuralgias. The ODG more specifically discusses gym memberships and states that the treatment needs to be monitored and administered by medical professionals, and continues to say that gym memberships are not considered medical treatment. The total number of sessions of aquatic therapy were not specified, there is no indication that medical professionals will be supervising and monitoring the therapy. The request is not in accordance with the Chronic Pain Medical Treatment Guidelines or with the ODG. The request for a one year gym and pool membership is not medically necessary or appropriate.