

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0062375 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 09/26/2001 |
| <b>Decision Date:</b> | 08/08/2014   | <b>UR Denial Date:</b>       | 11/09/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/06/2013 |

### 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 Rehabilitation & Pain Management 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 54-year-old female with a date of injury of 09/26/2013. The listed diagnoses per [REDACTED] are: 1. Lumbar radiculopathy. 2. Degenerative disk disease, lumbar. 3. Sprain/strain, neck. 4. Facet arthropathy, cervical. 5. Cervicalgia. According to progress report 10/31/2013 by [REDACTED], the patient presents with left-sided cervical facet pain that is referred to the shoulder with increased painful spasm. The patient's pain on a good day is 2/10 to 4/10, and on a bad day, 8/10 to 9/10. The duration of pain is frequent and alleviated with rest, heat, medication, and massages. Patient's medication regimen includes tramadol HCL 50 mg, gabapentin 300 mg, Advil, and Celebrex 200 mg. Examination of the cervical spine revealed left cervical lower paracervical tenderness with spasms. The treater is requesting patient start physical therapy 2 times a week for 4 weeks to include deep tissue massage and a refill of tramadol 50 mg #90 with 1 refill. Utilization review denied the request on 11/09/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY INCLUDING MYOFASCIAL RELEASE (8 SESSIONS):** Upheld

**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 neck, shoulder, and low back pain. Examination revealed tenderness over the cervical spine with decreased range of motion. The treating physician is requesting physical therapy including myofascial release, 8 sessions. For physical medicine, the MTUS Guidelines pages 98 and 99 recommends for myalgia/myositis-type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review includes progress reports from 05/08/2013 to 10/31/2013 which provides no prior treatment history of physical therapy. Utilization review indicates the patient has received 16 physical therapy sessions over the past 8 months. In this case, there is no documentation of objective or functional improvement resulting from prior physical therapy treatment. Furthermore, the treating physician's request for 8 additional sessions exceeds what is recommended by MTUS. Therefore, the request is not medically.

**TRAMADOL HCL 50MG #90 WITH 1 REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment guidelines on Long-term Opioid use Page(s): 88-89.

**Decision rationale:** This patient presents with neck, shoulder, and low back pain. Examination revealed tenderness over the cervical spine with a decreased range of motion. Treating physician is requesting tramadol HCL 50 mg #90 with 1 refill. Page 78 of MTUS requires Pain Assessment that should include, current pain; the 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 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Medical records indicate the patient has been taking Tramadol since at least 05/08/2013. Although the treating physician provides a before and after numerical scale to assess the pain, there are no pain assessment, no mention of functional improvement in terms of ADL's or work status as required by MTUS. Given the lack of sufficient documentation, the patient should slowly be weaned off Tramadol as outlined by MTUS Guidelines. Therefore, the request is not medically necessary.