

Case Number:	CM13-0071408		
Date Assigned:	01/10/2014	Date of Injury:	03/01/2012
Decision Date:	06/05/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/27/2013

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 Internal Medicine and Geriatrics, and is licensed to practice in New York. 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 injured worker is a man with an injury in March 2012. He was seen by his primary treating physician on December 6, 2014 with complaints of headache and left elbow and forearm pain. His medications included biotherm cream and ultram with reported improvements in his pain. His left knee revealed limited range of motion with flexion to 130 degrees and extension to 0 degrees. Quadriceps strength was 4+/5. His diagnoses were two level lumbar disc bulge, left elbow contusion with chronic pain, left carpal tunnel syndrome, bilateral knee patellofemoral pain, nosebleeds, hypertension, sleep disturbance and patellar insufficiency on the left knee. He had recently completed a course of physical therapy with significant noted improvement but still has pain with crepitus over the medial and lateral joint space. Additional strengthening was requested via physical therapy which is at issue in this review. Also at issue are the refills of tramadol and biotherm.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY FOR THE LEFT KNEE, TWICE PER WEEK FOR FOUR WEEKS,: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines allow for fading of treatment frequency from up to three visits per week to one or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used for over two months as a modality and a self-directed home program should be in place. The request for additional physical therapy for the left knee, twice weekly for four weeks is not medically necessary or appropriate.

ULTRAM (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 Page(s): 84-94.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails justify long-term use. The request for Ultram (Tramadol) 50 mg, sixty count, is not medically necessary or appropriate.

BIO-THERM 4OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding topical biotherm in this injured worker, the records do not provide clinical evidence to support medical necessity. The request for Bio-Therm, 4 ounces, is not medically necessary or appropriate.