

Case Number:	CM14-0002929		
Date Assigned:	01/24/2014	Date of Injury:	09/10/1998
Decision Date:	06/09/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/08/2014

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 and Rehabilitation 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 46 year-old patient sustained an injury on 9/10/1998 while employed by [REDACTED]. Requests under consideration include One Prescription of Tramadol ER 200mg #30, Twelve Physical Therapy Visits for the Right Knee, and 6 Acupuncture Sessions. Report of 11/22/13 noted the patient with ongoing pain in bilateral knees, radiating from right knee to hip, lower back, neck, and right foot pain rated at 9/10 associated with numbness and tingling, weakness; locking of knee, headaches, and spasms. Medication lists include Biofreeze, Ultram, Zolof, Zyrtec, Fluticasone Prop, and Advil. Exam showed limited range of motion; diffuse weakness with 3-5/5 motor strength of bilateral of lower extremities; sensation intact bilaterally at L3-S1 dermatomes; with positive McMurray's. Diagnoses include ACL; Internal derangement of Knee; and pain in joint of lower leg. The request for Tramadol was modified for quantity of #23 while the Physical therapy and acupuncture were non-certified on 12/31/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF TRAMADOL ER 200MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (ULTRAM ER®; generic available in immediate release tabl.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The One Prescription of Tramadol ER 200mg #30 is not medically necessary and appropriate.

TWELVE PHYSICAL THERAPY VISITS FOR THE RIGHT KNEE: 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 Physical Therapy Page(s): 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no clear measurable evidence of progress with previous PT including milestones of increased ROM, strength, and functional capacity. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Provider's dated report has no documentation of new acute injury or flare-up to support for formal PT as the patient should continue the previously instructed independent home exercise program for this chronic injury of 1998. Multiple medical reports have unchanged chronic pain symptoms, unchanged clinical findings with continued treatment plan for PT without demonstrated functional benefit. Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal PT has not been established. The Twelve Physical Therapy Visits for the Right Knee is not medically necessary and appropriate.

6 ACUPUNCTURE SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received at least 12 prior sessions of acupuncture with most recent 6 sessions for this 1998 injury; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The 6 Acupuncture Sessions is not medically necessary and appropriate.