

<b>Case Number:</b>	CM14-0005407		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	09/22/2006
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Occupational Medicine, 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 36 year old female who has submitted a claim for left leg radiculopathy and radiculitis associated with an industrial injury date of September 22, 2008. Medical records reviewed from 2013 through 2014, showed that the patient complained of persistent low back pain with a grade of 8/10, with associated muscle spasm and tightness. On physical examination of the lumbar spine, tenderness was noted on L5-S1 on the left. Range of motion (ROM) was limited secondary to pain with flexion at 60%, extension at 60% and side-to-side bending at 60%. There was decrease in sensation on the left lower extremity. Straight leg raise was positive on the left. Tenderness was noted on the sacroiliac joints. FABER test was positive on the left with a decreased ROM. Treatment to date has included Norco, Gabapentin, Hydrocodone, Cyclobenzaprine, Trazodone, Ultram, Acetadryl, Prilosec, Docuprene, Tramadol ER and Cognitive Behavioral Therapy for 14 sessions. A utilization review from January 13, 2014 denied the request for Tramadol 60mg with one refill, because there was no documentation of functional improvements. The request for Pool therapy was also denied, because there was no documentation why the patient cannot exercise independently.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 60 MG WITH 1 REFILL:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRAMADOL, 84

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 75, 113.

**Decision rationale:** As stated in the MTUS Chronic Pain Guidelines, Tramadol (Ultram) is not recommended as a first-line oral analgesic. Tramadol is a centrally acting analgesic that may be used to treat chronic pain. In this case, the patient was started on opioid as Hydrocodone on August 2013 (5 months to date). The current treatment plan is to prescribe Tramadol as part of the weaning process for Norco. Hydrocodone is a pure opioid agonist and considered as the most potent oral opioid preparation. The medical necessity for shifting hydrocodone into tramadol has been established. Therefore, the request is medically necessary.

**POOL THERAPY 2X6 = 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY, 22

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment 9792.24.2 Page(s): 22.

**Decision rationale:** As stated on page 22 of the MTUS Chronic Pain Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy in cases when reduced weight bearing is indicated, such as with extreme obesity. In this case, the patient is not extremely obese for her not to participate in a land-based program. In addition, the patient's physical examination showed normal strength, with no weight bearing reduction needed. Therefore, the request is not medically necessary.