

<b>Case Number:</b>	CM14-0005756		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	10/01/2001
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 57 year old male who was originally injured on 11/28/95 while lifting dirt overhead. The injured worker developed pain in the left shoulder elbow and wrist. A second date of injury was noted for 10/01/01 when he was involved in an industrial vehicle accident. Following the accident the injured worker developed pain in the bilateral shoulders head lower extremities low back arms neck knee and calves. The patient had prior cervical fusion in 2003 followed by left carpal tunnel release for the left upper extremity. Following this the patient underwent a right carpal tunnel release in 04/04 and bilateral knee arthroscopies in 2005. The record demonstrates the injured was followed by pain management and prescribed several medications including multiple narcotics such as Percocet, MS Contin and Norco. Injections for symptomatic osteoarthritis in the right knee, is also noted. There is documentation for visco-supplementation injections to the left knee. There were recommendations for a possible total knee arthroplasty. Prior urine drug screens from 05/13 showed inconsistent findings for Oxycodone although this was a prescribed medication for the patient. Clinical record from 12/03/13 noted the patient had an increasing amount of neck pain that was severe in nature. The note referred to prior physical therapy in 2006 and MRI in 2012. The patient was still pending surgical clearance for total knee arthroplasty. Medications at this visit included Percocet and oxycontin for pain. On physical examination there was loss of normal cervical lordosis. The injured ambulated with an antalgic gait. No specific neurological deficits were identified. Tramadol was added at this visit 50mg twice daily between Oxycontin doses. The injured was also changed from Percocet to Oxycodone 7.5mg. Follow up on 01/03/14 indicated the patient had some improvement in pain with medications. At this visit the patient was being prescribed three different analgesics including Oxycontin, Oxycodone and Tramadol. On physical examination there continued to be loss of the usual cervical lordosis. The injured

continued to have antalgic gait with swelling in the right knee. No other neurological deficits were identified. Toxicology results from 01/08/14 noted positive findings for Oxycodone and Tramadol.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI OF THE CERVICAL SPINE, WITH AND WITHOUT CONTRAST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, SECOND EDITION (2004), CHAPTER 8, NECK, 182

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** In regards to the requested MRI of the cervical spine with and without contrast, is not medically necessary based on clinical documentation submitted for review and current evidence based Neck and Upper Back Complaints ACOEM Practice Guidelines. The patient had an increasing amount of severe neck pain considered chronic in nature. The patient did not present with any new or progressively worsening neurological deficits on physical examination that would support an MRI at this time. None of the prior imaging of the cervical spine was available for review. There was also no evidence of any recent trauma or any other red flag findings to support imaging of the cervical spine at this time. Therefore the request is not medically necessary.

#### **PHYSICAL THERAPY 2X8: 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, PHYSICAL MEDICINE, 98-99

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PHYSICAL MEDICINE, 98-99

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, in regards to the requested physical therapy for 16 sessions, rehabilitation program is not medically necessary. The patient was reported to have had physical therapy in 2006. The patient presented with reversal of the usual cervical lordosis and continuing findings in the bilateral knees consistent with symptomatic osteoarthritis. The clinical notes provided for review did not discuss if any functional benefits were expected to be obtained with physical therapy for an injury over 13 years old. No specific goals were mentioned in the clinical records to support, physical therapy at this. Therefore, this request is not medically necessary.

**TRAMADOL 50MG #120:** 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, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines , OPIATES, CRITERIA FOR USE, 88-89

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, in regards to Tramadol 50mg quantity 120, this medication is not medically necessary. The patient was taking multiple narcotic medications including both Oxycontin and Oxycodone. It appeared that Oxycodone was being prescribed as a breakthrough pain medication. There was no indication that Tramadol was needed to replace breakthrough pain medication such as Oxycodone. As the patient was taking a significant amount of narcotic medications without evidence of any side effects, Therefore the request for Tramadol for this patient.