

Case Number:	CM14-0006727		
Date Assigned:	02/07/2014	Date of Injury:	07/30/2012
Decision Date:	06/23/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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 Emergency 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:

Multiple medical records from Primary Treating Physician and consultants reviewed. Last record available until 12/19/13. A follow up letter from primary treating physician concerning initial denial dated 1/13/14 was reviewed. Patient has low back pain radiating down posterior thighs. No urinary or bowel complaints. Pain worsens with prolonged standing or sitting. Reports not able to exercise or running. Objective exam reveals patient is able to ambulate without difficulty. Lumbar spine exam reveals extension limited to 5degrees, flexion to 30degrees and limited side to side or rotation movement. Straight leg raise causes back pain. reflexes and motor exam were normal. An MRI of lumbar spine (8/29/12) shows lumbar degenerative disease and facet disease with only incidental finding of an adrenal cyst. The last acupuncture on record was from 10/2010 and physical therapy on 8/2012. Patient is currently only on ibuprofen and Norco. Discussion on records mentions that there is some issues relating to reactive psychological symptoms as part of patient's underlying problems. Utilization review is request for "Initial interdisciplinary evaluation at the [REDACTED] Functional Restoration Program" and prescription for Tramadol 50mg (No tablets or refills provided). The prior UR on 1/6/2014 non certified the functional restoration program and modified the tramadol prescription to 45tablets. As per letter date 1/13/14 attempting to refute initial denial, it states that patient has "fully exhausted conservative management with medication and physical therapy". It states that patient has undergone acupuncture and physical therapy with little improvement. Patient also "does not appear to be a surgical candidate" (no specific reasoning provided). It then goes on to provide statement about the patient's social stressors that could improve with the program. The letter states that patient has undergone physical therapy and acupuncture with little improvement. It also states that patient has poor activity tolerance due to back pain. It also states that patient could do with a psychological assessment as part of the program.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL INTERDISCIPLINARY EVALUATION AT THE FUNCTIONAL RESTORATION PROGRAM: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FUNCTIONAL RESTOR.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION).

Decision rationale: As per MTUS Chronic pain guidelines, Functional Restoration Programs (FRP) may be recommended if patient meets certain criteria. The request is for an initial evaluation to see if patient may be appropriate for program. With the added information from the letter dated 1/13/14, pt meets criteria for initial assessment. Pt has failed conservative therapy, is not a surgical candidate, has a reported desire to improve and may have certain amount of disability (that will be assessed during the initial evaluation). The initial evaluation for a Functional Restoration Program is medically necessary.

TRAMADOL 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , OPIOIDS, 76-78.

Decision rationale: Tramadol is a Mu-agonist, an opioid-like medication. Patient was previously on Norco and treating physical has plans of switching to tramadol. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation or analgesia criteria. The prescription is also incomplete with no total number of tablets requested. Due to incomplete prescription and not meeting criteria, Tramadol is not medically necessary.