

<b>Case Number:</b>	CM14-0006981		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	07/28/2003
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	12/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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 53 year old male with a date of injury of 7/28/03. Subsequent to the injury he developed chronic low back pain with bilateral electrodiagnostic positive radiculopathies. He has been treated with several spinal surgeries, epidural injections, placement of a spinal cord stimulator. There have been several med-legal (AME) evaluations. These document a history of recurrent abarrent drug related behaviors and the use of Opioids was not recommended. In addition past opioid use was not functionally beneficial. A functional restoration program has been declined by the patient and there was no interest in an active rehab program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Physical therapy session:** 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 Medicine, page(s) 98,99 Page(s): 98-99.

**Decision rationale:** Based on the medical records provided for review there is no evidence that the patient is interested in participating in an active physical therapy program as a Functional Restoration Program has been declined in the past. The MTUS Chronic Pain Guidelines state

that physical therapy is to have an active rehab approach and this has not been successful in the past. Furthermore, there is no information indicating that the physical therapy is warranted and/or will be beneficial for the patient. Therefore, the request for physical therapy, eight sessions is not medically necessary and appropriate.

**Tramadol ER 150mg, #120:** 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 When to Discontinue )pioids, Tramadol, page(s) 79, 93,94 Page(s): 79,93,94.

**Decision rationale:** Based on the medical information provided for review including AME evaluations, document problems with opioid use and it was recommended that this class of drugs be discontinued and the patient has been weaned off of them for some time. The rationale for reinstating an opioid is not clearly documented. Tramadol has opioid effects and should be treated as such. Therefore, the request for Tramadol ER 150 mg # 120 is not medically necessary and appropriate.