

<b>Case Number:</b>	CM14-0100042		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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:

This patient is a 21 year old female employee with date of injury of 4/9/2014. A review of the medical records indicate that the patient is undergoing treatment for lumbar strain without radiculopathy. Subjective complaints include constant burning and numbness on right buttocks and thigh (4/9/14). The condition had improved according to reports on 5/23/14 with symptoms being "faint". Objective findings include the following: Physical exam (4/28/2014) revealed tenderness over the T1-S1 paravertebral musculature, right greater than left sacroiliac joint; negative Patrick/Faber's test for pathology of the sacroiliac joint, right greater than left; extension and bilateral lateral rotation 25/30 degrees. Low back pain rating 8/10 on 4/28/2014, 6/10 on 5/13/14, 5/10 on 5/23/2014. Another physical exam performed (5/17/2014) revealed tenderness over the T1-S1 paravertebral musculature, restricted range of motion, flexion with the fingertips approximating to the knee and extension 15/30 degrees with bilateral lateral flexion 20/45 degrees. MRI performed on lumbar spine (5/15/14) revealed no evidence for osseous stress response or fracture; no evidence for bulge for focal herniation; minimal degenerative change of the right facet joint at L4-5. Treatment has included Biofreeze tube (4/9/14); Acetaminophen 500mg #40 4-6/day, lidocaine patch (every 12 hours), Nabumetone 750mg #20 2/day, cyclobenzaprine 5mg #30 1-2/day, Tramadol HCL acetaminophen 500mg #40, and chiropractic treatments (5+ visits). Chiropractic therapy notes indicate range of motion exercises, strengthening exercises, and other strength exercises. Of note, medical documents from 4/17/2014 indicated that the patient had undergone 6 physical therapy sessions. The utilization review dated 6/23/2014 non-certified the request for: - Physical therapy 2x3 due to lack of proof of medical necessity. - Ultram ER 150mg #30 lack of a clear explanation as to why this particular opioid is necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 3 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate that patient has already undergone 6 physical therapy sessions and 5+ chiropractic sessions that included range of motion, stretching, and strengthening exercises. Medical records did not include the results of the physical therapy treatments to substantiate objective or subjective improvements. Additionally, the chiropractic treatment notes did not document objective or subjective improvements. Given the treating physician's report of 6 prior physical therapy treatment, only 3-4 additionally sessions would be allowed per guidelines. Any additional sessions in excess of guidelines would require clear rationale of the extenuating circumstances, which are not presented within the medical notes. As such, the request for 2x3 sessions of physical therapy is not medically necessary.

**Ultram ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®).

**Decision rationale:** Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a

first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen."The treating physician did not provide sufficient documentation that the patient has failed his trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As such, the request for Ultram ER 150mg #30 is not medically necessary.