

Case Number:	CM14-0104800		
Date Assigned:	07/30/2014	Date of Injury:	05/10/2002
Decision Date:	09/24/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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 is a 68-year-old with a May 10, 2010 date of injury, when she was rolling 50 used tires to a dumpster and developed neck and back pain. The patient was seen on January 23, 2014 with complaints of flare-up pain in the back. The pain was described as constant, sharp and severe with profound limitations. The physical examination revealed that the patient's grooming and personal hygiene were appropriate and her mental status was normal. The patient wished a new lumbar support and adjustment of the medications. The patient was taking Tramadol and Naprelan 500. The patient was seen on June 9, 2014 with complaints of constant, sharp, burning back pain. The pain was aggravated by prolonged walking, standing, stair climbing, bending and lifting heavy objects and was relieved by resting and lying down. Exam findings revealed the patient A&Ox3 with normal mood and affect. The urine screen drug test was administered at the office and the patient was taking Ambien, Motrin and gabapentin. The diagnosis is cervical degeneration disc disease, myofascial pain syndrome, spondylosis, and thoracic sprain/strain. MRI of the thoracic spine (the radiology report was not available for the review) revealed: slight dextroscoliosis of the midthoracic spine, mild spondylosis and no central stenosis. Radiographs of the cervical and thoracic spine dated March 11, 2014 (the radiology report was not available for the review) revealed: normal lordosis, no spondylosis, minimal disc space narrowing at C5-C7, moderate spondylosis at midthoracic level with kissing osteophytes on the right. Treatment to date: physical therapy, acupuncture, medications, lumbosacral bracing and work restrictions. An adverse determination was received on June 26, 2014. The request Functional Restoration Program was denied because submitted records did not provide the evidence of adequate and thorough evaluation warranting a functional restoration program and the patient's functional status had not been thoroughly assessed. The request for Tramadol 150mg

#30 was modified to a certification of 1 prescription for Tramadol 150 mg #20 to implement weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (FRP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: The Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. The progress reports dated January 23 and June 9, 2014 did not include the physical examination. In addition, the patient's work status is unclear. There is a lack of rationale with regards to reasonable goals to be achieved with FRP and there are no notes from a surgeon indicating that the patient was not a surgical candidate. Therefore, the request for an FRP is not medically necessary or appropriate.

Tramadol 150 mg thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; opiates Page(s): 113; 78-81.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use according to the Chronic Pain Medical Treatment Guidelines must be followed. In addition, the Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2010 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, the UR decision dated 6/26/14 modified the request for

Tramadol 150mg #30 to a certification of 1 prescription for Tramadol 150 mg #20 to implement weaning. Therefore, the request for Tramadol 150 mg thirty count is not medically necessary or appropriate.