

Case Number:	CM14-0012913		
Date Assigned:	02/24/2014	Date of Injury:	02/19/2010
Decision Date:	08/06/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/31/2014

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 58-year-old with a February 19, 2010 date of injury. The mechanism of injury was not provided for review. In a December 12, 2013 progress note, the patient reported cervical pain, lumbar spine, and left hand pain rated 3/10, as well as bilater eye, headache, and testicular pain rated 4/10. He indicated that his left eye still had burning, however, it was not painful. The patient also reported limited activities of daily living. Objectively, he presented with left eye pupil equal and reactive to light, used protection sunglasses, cervical spine tender to palpation with decreased range of motion, and lumbar spine decreased range of motion with pain and tender to palpation. Diagnostic impression: cervical spine sprain/strain myofascitis, lumbar spine sprain/strain myofascitis, left arm pain, left hand pain, left testicular pain, headaches, sleep disorder, and eye pain. Treatment to date: medication management, activity modification. A UR decision dated January 23, 2014 denied the requests for aqua relief system and Tramadol. Aqua relief system is a hot/cold therapy pump, which is a continuous-flow cryotherapy. Guidelines do not recommend continuous-flow cryotherapy for managing the neck. It may be warranted as an option after shoulder surgery; however, it is not recommended for nonsurgical treatment. Tramadol was denied because urinalysis dated June 7, 2013 and September 3, 2013 did not detect Tramadol despite it being prescribed. Documentation noted pain was rated 3-4/10, in which guidelines recommend Tramadol for moderate to severe pain. However, the patient's pain was less than moderate to severe.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Relief System: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back.

Decision rationale: The California Medical Treatment Utilization Section (MTUS) does not address this issue. Aqua relief system is a hot/cold therapy pump, which is a continuous-flow cryotherapy. According to ODG guidelines, continuous-flow cryotherapy is not recommended in the neck. Recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, the patient suffers from a cervical and lower back condition. There is no documentation that the request for this device is for post-surgical use. A specific rationale for why an aqua relief system would be required in this patient despite guideline recommendations was not provided. Therefore, the request for Aqua Relief System is not medically necessary or appropriate.

Tramadol 150 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM (R)).

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

Decision rationale: 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. According to a UR decision from January 22, 2014, urine drug screens dated June 7 and September 3, 2013 were inconsistent for the use of Tramadol. However, these documents were not provided for review. In addition, in the reports reviewed, there was no documentation that Tramadol offered the patient functional improvement or improved activities of daily living. Therefore, the request for Tramadol 150 mg, thirty count, is not medically necessary or appropriate.