MAXIMUS Federal Services

Case Number:	CM14-0119169		
Date Assigned:	08/06/2014	Date of Injury:	12/31/2004
Decision Date:	09/15/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 60-year-old male with a date of injury of 12/31/2004. The listed diagnoses per [redacted] are: 1. Cervical disk syndrome. 2. Right elbow lateral epicondylitis. 3.Lumbar disk syndrome. 4.Lumbar spine spondylosis. 5. Intractable pain. According to progress report 04/29/2014, the patient presents with complaints of low back pain rated as 9/10 with radiation of pain along the bilateral lower extremity along the medial aspect into the toes. Examination of the lumbar spine revealed patient ambulates with a 4-wheeled walker and presents in a soft lumbar brace. Palpation elicits tenderness and spasm of the paraspinal muscles bilaterally. Range of motion is significantly decreased on all directions. Kemp's test and straight leg raise testing are positive bilaterally. Treater is requesting a 1-year gym membership to the [redacted], urine drug screen, 1 inversion traction table, and refill of tramadol 50 mg #60. Utilization review denied the request on 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Gym membership at the [redacted]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: This patient presents with complaints of low back pain that radiates along the bilateral lower extremity, along the medial aspect into the toes. The treater is requesting authorization for gym membership at the [redacted]. The treater states this is in accordance with ACOEM practice quoting that the "examining physician should use some judgment about what should or should not be done." Regarding gym memberships, ODG Guidelines only allow in cases where it documented home exercise program with periodic assessment and revision have not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, ODG does not support 1 type of exercise over another. Treater does not discuss the need for special equipment and it is not known how the patient will be monitored by a medical professional. The request is not medically necessary.

1 prescription of Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids; Opioids for neuropathic pain; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with complaints of low back pain that radiates along the bilateral lower extremity, along the medial aspect into the toes. The treater is requesting a refill of Tramadol 50 mg #60. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been taking this medication since at least 01/07/2014. Review of progress reports from 01/07/2014 through 04/29/2014 provides pain scale to measure pain, but the treater does not discuss specific functional improvement from taking Tramadol. There is no outcome measure assessing patient's average pain, intensity of pain, and how long it takes for pain relief. Furthermore, the treater does not take account of adverse effects, aberrant behaviors and does not provide a Urine drug screen for monitoring of medication. Given the lack of sufficient documentation as required by MTUS for long-term opiate use, the request is not medically necessary.

1 inversion traction table: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, pages. 146-147(2007).

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

Decision rationale: This patient presents with complaints of low back pain that radiates along the bilateral lower extremity, along the medial aspect into the toes. The treater is requesting an inversion traction table. The MTUS, ACOEM, and ODG guidelines do not specifically discuss inversion tables; however, ODG has a section that addresses "traction." Under the traction guideline, it states "not recommended using power traction devices but home-based patient-controlled gravity traction may be a noninvasive, conservative option if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proven effective for lasting relief in the treatment of low back pain. Traction is the use of force that separates the joint surfaces and elongates the surrounding soft tissues." In this case, review of the progress reports provide no discuss of physical therapy or indications that conservative care is prescribed in adjunct with the inversion table to achieve "functional restoration" as recommended by ODG. The inversion traction table is not medically necessary and the request is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Urine Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: This patient presents with complaints of low back pain that radiates along the bilateral lower extremity, along the medial aspect into the toes. The treater is requesting a urine drug screen. While MTUS Guidelines do not specifically address how frequent UDS should be obtained or various risks of opiate users, ODG Guidelines provide clear recommendation. ODG recommends once-yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. Review of the medical file indicates the patient was administered a urine drug screen on 01/06/2014 which was consistent with the medications prescribed. ODG states once a year screening is suffice in low-risk patients. The request is not medically necessary.