

Case Number:	CM14-0126069		
Date Assigned:	08/25/2014	Date of Injury:	11/24/2013
Decision Date:	12/26/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine & 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 36 year old male with an injury date on 11/24/2013. Based on the 05/21/2014 progress report provided by the treating physician, the diagnoses are: Bilateral knee sprain with patellofemoral arthralgia; Lumbar spine musculoligamentous sprain/strain with left lower extremity radiculitis; Cervical Spine musculoligamentous sprain/strain with left upper extremity radiculitis; History of post-traumatic headaches, further comments deferred to the neurological specialist; History of gastritis secondary to prescribed medication, further comments deferred to the consulting internal medicine specialist; History of sleeping difficulties secondary to chronic pain and disability, further comments deferred to the sleep medicine specialist and History of right hip and bilateral ankle pain, currently asymptomatic. According to this report, the patient complains of neck pain with radiating pain to the left upper extremity associated with headaches. The patient also complaint of low back pain that radiates to the left extremity and bilateral knee pain. Patient has history of right hip pain, bilateral ankle pain, gastritis, and sleeping difficulties. Exam findings reveal tenderness to palpation with muscle guarding and spasm over the lumbar spine. Axial Compression test and Spurling's Maneuver increase neck pain. Straight Leg Raise test is positive. Patellofemoral Compression/ Grind test is positive with increase retropatellar pain bilaterally. There were no other significant findings noted on this report. The utilization review denied the request for (1) Ultram 50mg #120, (2) Norflex 100 mg #60, (3) Chiropractic 12 sessions, and (4) Sleep medicine consultation on 07/24/2014 based on the MTUS/ACOEM guidelines. The requesting physician provided treatment reports from 05/21/2014 to 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids; medications for chronic pain Page(s): 60,61;76-78;88-89.

Decision rationale: According to the 05/21/2014 report, this patient presents with neck, low back, and bilateral knees pain. Per this report, the current request is for Ultram 50mg #120. This medication was first noted in this report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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 aberrant 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 06/26/2014 template report show pain is at a 1-2/10 with medications and a 7-8/10 without medications. The patient is "able to perform ADL's, improved participation in a HEP, able to work and has an improved sleep pattern with the use of medications. In this case, the reports show documentation of pain assessment and ADL's but no discussion of specific improvement in ADLs or document functional improvement. No adverse side effects and aberrant behavior were provided in the reports. Furthermore, there are no opiate monitoring such as urine toxicology and CURES. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to properly document ADL's, adverse effects and adverse behavior as required by MTUS. Therefore, this request is not medically necessary.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 63.

Decision rationale: According to the 05/21/2014 report, this patient presents with neck, low back, and bilateral knees pain. Per this report, the current request is for Norflex 100 mg #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant

may be warranted for patient's reduction of pain and muscle spasms. Review of records indicates the patient has been prescribed to this medication longer than the recommended 2-3 weeks. The treating physician is requesting Norflex #60 and the medication was first noted in this report. Norflex is not recommended for long term use. The treating physician does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, this request is not medically necessary.

Chiropractic three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: According to the 05/21/2014 report, this patient presents with neck, low back, and bilateral knees pain. Per this report, the current request is for Chiropractic 12 sessions. Regarding chiropractic manipulation, MTUS recommends it as an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. Review of records does not show prior chiropractic care or discussions thereof. The treating physician does not document that an initial trial of chiropractic has been initiated. An initial trial of chiropractic care may be reasonable in this case. However, the requested 12 sessions exceed what the guidelines recommend as an optional trial of 6 visits. Therefore, this request is not medically necessary.

Sleep medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127 Consultation.

Decision rationale: According to the 05/21/2014 report, this patient presents with chronic neck, low back, and bilateral knees pain. Per this report, the current request is for Sleep medicine consultation. ACOEM Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further state, referral to a specialist is recommended to aid in complex issues. In this case the treating physician has failed to document exactly what type of specialist is required to assist in the care of this patient. Therefore, this request is not medically necessary.