

Case Number:	CM14-0136968		
Date Assigned:	08/29/2014	Date of Injury:	06/29/2009
Decision Date:	09/25/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family Medicine and is licensed to practice in Arizona. 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 injured worker is a 59 year old female with a date of injury on 6/29/2009. The injured worker has been treated for ongoing symptoms in the low back, and left ankle. Subjective complaints are of increasing low back pain, worsening left leg pain, and increasing right foot pain. Physical exam shows decreased lumbar range of motion, weak left dorsiflexors, and normal knee and ankle reflexes. Prior treatments have included physical therapy, ankle stabilizer, and chiropractic. Records indicate that the injured worker has had at least 26 sessions of physical therapy, with most recently certified for 8 visits on 6/4/14. Medications include Flector patches, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The CA MTUS indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with

a diminishing effect over another 2-week period. CA MTUS also indicates that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support their use. CA MTUS does indicate that topical NSAIDs can be recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints amenable to topical treatment, but is not approved for the spine. For this patient, it is not clear from the record that the patient has failed oral NSAIDs. Furthermore, the anatomical area for the patch to be applied is not indicated in the records. Therefore, Flector patches are not medically necessary at this time.

Tramadol 50mg 1-2 tabs BID prn pain #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, no documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempts at weaning, and ongoing efficacy of medication. Furthermore, the current medication regimen does not appear efficacious, as the patient's symptoms are worsening. For this patient, there is no demonstrated improvement in pain or function from long-term use. For these reasons, the requested tramadol is not medically necessary.

Additional physical therapy for the lumbar spine and left ankle 6 sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: The ODG recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. For lumbar sprains/strains and for intervertebral disc disorders the recommended physical therapy is 10 sessions over 8 weeks. For the ankle, the ODG recommends 9 visits over 8 weeks. This patient has already received at least 26 physical therapy sessions. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial. Therefore, the request for 6 additional physical therapy sessions exceeds guideline recommendations, and is not medically necessary.