

Case Number:	CM14-0153672		
Date Assigned:	10/27/2014	Date of Injury:	06/07/1998
Decision Date:	12/04/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal 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:

The patient is an injured worker with lumbosacral and knee conditions. Date of injury was 06-07-1998. Interventional pain management specialist progress report dated August 07, 2014 documented the interim history. The patient had lower back pain radiating to his legs bilaterally, worse on the left and bilateral knee pain. He is status post bilateral facet joint injections at L4-5 and L5-S1 on July 2013 with a decrease of lower back pain with stiffness and still has some feet pain. He has no radicular lower extremity pain to legs and has some feet pain and muscle spasms in lower back. He rated his pain level a 4 on a pain scale of 0 to 10. He is taking Ultram ER, Fexmid, Anaprox and Protonix with some relief of pain. He is taking Hydrochlorothiazide and Lisinopril. He has occasional episodes of severe pain with movements of his lower back. Increased activities such as prolonged standing, walking, bending, lifting and squatting are causing increased pain. Physical examination was documented. The patient was alert and oriented. Cervical spine was supple and non-tender. Lumbar spine examination was documented. The patient's gait was with a limp favoring his left knee. There was limited range of motion of the lumbar spine in all directions, secondary to increased pain and some tightness and stillness. He has tenderness over the lumbar spinous processes and interspaces from L3 to S1. He has significant tenderness over the facet joints from L2 to S1 bilaterally worse on the left compared to the right. He has tightness, tenderness and trigger points in the lumbar spine musculature bilaterally, more on the left comparatively. The patient had negative straight leg raise bilaterally in sitting position. Lower extremity reflexes were present at the right patella and at the right Achilles, and slightly diminished at the left patella and at the left Achilles. Sensory exam showed slightly diminished sensation to touch over the left L5 and S1 nerve root distributions. He has significant tenderness over both knee joints, worse on the left compared to the right with mild swelling. He has increased pain with flexion and extension of the knees. He has tenderness over

the saphenous and peroneal nerves at the level of the knees, worse on the left. There is no redness, warmth or erythema. Urine Toxicology Screen dated July 30, 2014 reported that Tramadol was detected. The patient's lower back pain with stiffness is significantly increased, which is associated lumbar facet arthropathy. He is status post bilateral facet joint injections at L4-5 and L5-S1 on July 2013 with a decrease of lower back pain with stiffness and still has some feet pain. He states having no radicular lower extremity pain to legs and has some feet pain and muscle spasms in lower back. He is diagnosed with lower back pain and lumbar radiculopathy, but is without lower extremity pain since lumbar epidural steroid injection at L4-5 and L5-S1 in October and November 2013. His MRI magnetic resonance imaging done in December 2010 shows multi-level broad based posterior disc protrusions measuring 3.5 mm at L3-4, L4-5, and L5-S1, with suggestion of an annular fissure in the disk at L3-4 and L4-5 levels and bilateral neural foraminal narrowing at L4-5 and L5-S1. He has bilateral lumbar facet arthropathy. He has bilateral sacroiliac joints pain. He has myofascial pain syndrome of the lumbosacral spine. The patient is status post left knee surgery. He continues to have bilateral knee pain with degenerative joint disease and ligamentous injuries, further aggravating of lower back symptoms. He has saphenous and peroneal nerve irritation at the level of both knees. His urine toxicology screen review exam dated July 30, 2014 demonstrated positive for Tramadol as expected. He rated his pain level a 4 on a pain scale of 0 to 10. He is getting some pain relief to an extent with the use of his medication. The treatment plan was to continue with his medication and his prescriptions were refilled. He is status post bilateral facet joint injections at L4-5 and L5-S1 on July 2013 with a decrease of lower back pain with stiffness and still has some feet pain. He states having no radicular lower extremity pain to legs and has some feet pain and muscle spasms in lower back. Physical therapy three times a week for four weeks a total of 12 sessions was requested. The patient is being prescribed Naprosyn, Ultram ER and Fexmid. Ultram ER 300 mg was to be taken one tablet daily as needed for pain. Utilization review determination date was 9/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions to the lower back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT), Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT); Knee & Leg (Acute & Chronic) Physical therapy

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) recommends 10 visits for lumbar sprains and strains and intervertebral disc disorders. Official Disability Guidelines (ODG) recommends 9 visits for knee arthropathy. Interventional pain management specialist progress report dated August 07, 2014 documented lumbosacral and knee conditions with a date of injury of 06-07-

1998. Physical therapy three times a week for four weeks, a total of 12 sessions, was requested. No functional improvement with past physical therapy treatments were documented. MTUS and Official Disability Guidelines recommend up to 10 physical therapy visits for the patient's conditions. The request for 12 physical therapy visits exceeds MTUS and Official Disability Guidelines recommendations. The medical records do not support the request for 12 physical therapy visits. Therefore, the request for 12 physical therapy sessions to the lower back is not medically necessary.

1 Prescription of Ultram ER 300mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids Page(s): 93-34, 113, 123, 74-96.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. Ultram is indicated for the management of moderate to moderately severe pain. MTUS Chronic Pain Medical Treatment Guidelines (Page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Medical records document that the patient had pain and objective evidence of pathology on physical examination and imaging studies. Analgesia was reported with medications. His urine toxicology screen dated July 30, 2014 was positive for Tramadol as expected. Medical records indicate stable and appropriate use of the medication Ultram without adverse effects. Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. Medical records and MTUS guidelines support the prescription of Ultram (Tramadol). Therefore, the request for 1 Prescription of Ultram ER 300mg is medically necessary.