MAXIMUS Federal Services

Case Number:	CM14-0155826		
Date Assigned:	09/25/2014	Date of Injury:	09/26/2013
Decision Date:	12/12/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/23/2014

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 and Pain Management, 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 45 years old male with an injury date on 09/26/2013. Based on the 09/04/2014 handwritten progress report provided by the medical physician, the patient complains of pain and tenderness at the lumbar and thoracic spine. At worse, pain is a 10/10 for the thoracic spine and 5/10 for the lower back. Objective findings indicate "cont to have pain relief in therapy." Overall there are "no changes" on the exam. The 07/15/2014 report indicates the patient has pain and stiffness at the right elbow with numbness and tingling to the right arm, and ongoing mid back pain and low pain radiating to the right ribs and down the right leg with numbness and tingling. Physical exam reveals right elbow and lower back "remains essentially unchanged" from last visit. Exam of the mid back reveals tenderness and spasm over the paraspinal muscles and right interscaplar region. Range of motion is limited. Patient's diagnoses are:1. Tendinitis, right eblow, with calcification or spur formation on the coranoid process of the olecranon2. Medial epicondylitis, with mild cubital tunnel syndrome, right elbow3. Thoracic spine sprain and strain with possible internal derangement4. Lumbar spine sprain and strain with possible associated discopathy5. Clinical right lower extremity radiculopathyThere were no other significant findings noted on this report. The utilization review denied the request on 09/18/2014. The requesting provider provided treatment reports from 03/18/2014 to 09/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 09/04/2014 report by the medical physician this patient presents with pain and tenderness at the lumbar and thoracic spine. The treating physician is requesting Tramadol 50mg # 60. 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. Tramadol was first noted in this report and it is unknown exactly when the patient initially started taking this medication. Per patient, pain at worse is a 10/10 for the thoracic spine and 5/10 for the lower back. In this case, report shows documentation of analgesia with pain ranging from 10/10 to 5/10. Other than these, the documentation lack documentation regarding ADL's, side effects, other opiates management issues such as Urine Drug Screen (UDS) and CURES, and behavioral issues. Outcomes measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. Change in work status, or return to work attributed to use of Tramadol were not discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request is not medically necessary and appropriate.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS, medication for chronic pain Page(s): 66, 60.

Decision rationale: According to the 09/04/2014 report by the medical physician this patient presents with pain and tenderness at the lumbar and thoracic spine. The treating physician is requesting Zanaflex 4 mg # 60. Zanaflex, a muscle relaxant was first noted in this report and it is unknown exactly when the patient initially started taking this medication. MTUS guidelines do support Zanaflex for chronic low back pain, myofascial pain and fibromyalgia pains. In this case, given the patient's chronic pain, use of this medication may be indicated. However, the treating physician does not explain how this medication is being used with what effectiveness. The MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. Given the lack of such documentation, the request is not medically necessary and appropriate.

Physical therapy 2 times a week for 6 weeks for lumbar spine and thoracic spine: 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 medicine Page(s): 98, 99.

Decision rationale: According to the 09/04/2014 report by the medical physician this patient presents with pain and tenderness at the lumbar and thoracic spine. The treating physician is requesting physical therapy 2 times a week for 6 weeks for lumbar spine and thoracic spine. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of records show that the patient has had 18 physical therapy sessions from 06/02/2014 to 08/25/2014 "with benefit reported."The treating physician does not discuss the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. The request is not medically necessary and appropriate.