MAXIMUS Federal Services

Case Number:	CM14-0171713		
Date Assigned:	10/23/2014	Date of Injury:	12/08/2009
Decision Date:	11/25/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/17/2014

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 47-year-old male with a date of injury of 12/08/2009. The listed diagnoses per [redacted] are:1. Status post remote right shoulder surgery, February 2013.2. Neural encroachment C6-C7 with radiculopathy.3. Protrusion left L1 with foraminal stenosis.4. Lumbar spondylosis.5. Protrusion, T7-T8.6. Progressive neurological deficit, right upper extremity, objectify. According to progress report 09/11/2014, the patient presents with continued right shoulder, low back, and cervical spine pain. The patient rates his pain 5-7/10 on the pain scale. The patient's medication regimen includes tramadol, naproxen, and pantoprazole. The patient denies side effects with medications. Treater notes that recent physical therapy to the lumbar spine and thoracic spine provided "improved range of motion." Objective findings revealed "Tenderness right shoulder. No sign of infection. Examination essentially unchanged today." Review of the medical file indicates the patient is permanent and stationary. Urine tox screen from 06/24/2014 was consistent with the medications prescribed. Treater is requesting additional physical therapy 3 times a week for 4 weeks, and refill of Tramadol ER 150 mg #60 and pantoprazole 20 mg #60. Utilization review denied the request on 10/10/2014. Treatment reports from 04/24/2014 through 09/11/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for The Lumbar Spine 3 Times A Week for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: This patient presents with right shoulder, low back, and neck pain. The treater is requesting additional physical therapy 3 times a week for 4 weeks. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis type symptoms, 9 to 10 sessions over eight weeks. Review of the medical file indicates the patient has participated in 16 accumulative physical therapy sessions to date. More recently, the patient underwent 8 physical therapy sessions between 05/07/2014 through 05/30/2014. Physical therapy treatment report from 05/30/2014 notes that the patient currently has 0 visits left on current prescription and continues to complain of pain with movement. It was noted the patient continues to have severe loss of range of motion, pain, and moderate muscle guarding in the thoracic and lumbar paraspinals. In this case, the treater's request for additional 12 sessions exceeds what is recommended by MTUS. There is no rationale provided as to why the patient has not been able to transition into a self-directed home exercise program (HEP). Physical therapy treatment reports consistently note that the patient "demonstrates compliance with prescribed HEP." There is no report of new injury, new surgery, or new diagnosis that can substantiate the current request for additional physical therapy. Request is not medically necessary.

Tramadol ER 150mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

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

Decision rationale: This patient presents with right shoulder, low back, and neck pain. The treater is requesting refill of Tramadol ER 150mg, #60. The MTUS Guidelines pages 88 and 89 state, "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 4 A's (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 prescribed tramadol since at least 04/24/2014. The treater indicates patient's current pain level utilizing a pain scale and continually notes the medications help with no side effects. Urine tox screen from 06/24/2014 was consistent with the medications prescribed. In this case, recommendation for further opioid use cannot be supported as the treater does not discuss specific functional improvement, change in ADLs, or work status attributed to the use of tramadol. MTUS requires not only analgesia but documentation of ADLs and specific functional changes. Given the lack of sufficient

documentation demonstrating efficacy from chronic opiate use recommendation is for denial. The request is not medically necessary.

Pantoprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with right shoulder, low back, and neck pain. The treater is requesting refill of pantoprazole 20 mg #60. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been taking naproxen and pantoprazole concurrently since at least 04/24/2014. The patient has been taking NSAID on a long term basis, but the treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Request is not medically necessary.