

Case Number:	CM14-0179618		
Date Assigned:	11/04/2014	Date of Injury:	10/25/2013
Decision Date:	12/15/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/29/2014

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, has a subspecialty in Nephrology 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:

Patient is a 52-year-old female who has submitted a claim for chronic cervical strain, rule out disc herniation, left upper extremity radicular pain, acute lumbar strain, and bilateral knee strain associated with an industrial injury date of 10/25/2013. Medical records from 2014 were reviewed. The patient complained of persistent neck pain rated 8/10 in severity radiating to the left shoulder. Patient likewise experienced low back pain rated 6/10 in severity and bilateral knee pain rated 4/10. Patient reported pain relief upon intake of medications. Tramadol provided decrease in pain from 8/10 to 3-4/10 and allowed her to ambulate for 30 minutes and to perform household chores. Physical examination of the cervical spine showed tenderness, limited motion, positive cervical compression test, and diminished sensation at C5 to C8 dermatomes. Examination of the lumbar spine showed decreased range of motion, tenderness, positive Kemp's test bilaterally, and intact deep tendon reflexes. Examination of bilateral knees showed decreased range of motion, positive for varus and valgus stress tests, and decreased quadriceps strength at 4/5. MRI of the cervical spine, dated 9/22/2014, revealed multi-level paracentral disc protrusion with moderate to severe spinal stenoses and mild spinal cord compression. Treatment to date has included 10 sessions of physical therapy, home exercise program, and medications such as tramadol (since July 2014), and topical cream. The request for physical therapy is to improve range of motion and to decrease pain. Utilization review from 10/21/2014 denied the request for physical therapy 6 sessions (2 times 3), lumbar spine and bilateral knees because of no functional limitations documented on the physical examination that would necessitate additional supervised therapy visits; denied urine toxicology screen because simultaneous request for tramadol was not certified; and denied Ultram (tramadol 50 mg), #90, one tab by mouth every 8 hours PRN for pain because patient was already recommended to undergo tapering and discontinuation of tramadol based on previous review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 3, lumbar spine and bilateral knees: 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: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guidelines recommend 9 to 10 visits over 8 weeks for myalgia and myositis. In this case, patient had completed a course of physical therapy in the past totaling 10 sessions. However, the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from the treatment. The request for physical therapy was to improve range of motion and to decrease pain. However, given the duration of injury, it was unclear why patient was still not versed to home exercise program to address the residual deficits. Moreover, there were no recent reports of acute exacerbation or progression of symptoms that would warrant additional course of treatment. Therefore, the request for physical therapy 2 times 3, lumbar spine and bilateral knees is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening for risk of Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medication includes tramadol. A previous utilization review from 7/28/2014 had certified urine drug screen; however, official result was not submitted for review. There is no compelling rationale for performing a repeat drug screen at this time. No aberrant drug behavior is likewise noted. The medical necessity cannot be established due to insufficient information. Therefore, the request for urine toxicology screen is not medically necessary.

Ultram (Tramadol 50mg) #90, one tab by mouth every 8 hours prn for pain: Overturned

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 Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient reported pain relief upon intake of medications. Tramadol provided decrease in pain from 8/10 to 3-4/10 and allowed her to ambulate for 30 minutes and to perform household chores. Screening for drug compliance was evident based on the toxicology screening request from utilization review dated 7/28/2014. Guideline criteria for continuing opioid management were met. Therefore, the request for Ultram (Tramadol 50mg) #90, one tab by mouth every 8 hours prn for pain, is medically necessary.