

Case Number:	CM14-0184120		
Date Assigned:	11/12/2014	Date of Injury:	06/29/1998
Decision Date:	12/15/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/05/2014

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 Occupational Medicine, and is licensed to practice in Hawaii and 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:

This case is a 56 year old male with a date of injury on 6/29/1998. A review of the medical records indicate that the patient has been undergoing treatment for right shoulder pain, right knee pain, left knee pain, and right ankle pain. Subjective complaints (10/15/2014) include right shoulder pain, bilateral knee pain, both rated at 10/10 pain and right ankle pain rated at 0/10 scale. Patient notes that he exercises on his Gazelle fitness machine and does light gardening and his physical therapy stretches. Objective findings (10/15/2014) include tenderness to superior trapezius, positive hawkins/nee'r's tests, and "almost full range of motion" to his right shoulders. Findings to bilateral knees also include full range of motion with diffuse tenderness to lateral and medial left knee. Treatment has included right shoulder repair, right knee surgery x 3 with total knee replacement, left knee repair x 3, and tramadol. A utilization review dated 10/30/2014 determined the following:- Partially certified for Tramadol 50mg #60 (original request for #200).- Non-certified 6 sessions of aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg three to six per day #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol and On going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

Decision rationale: Tramadol is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. The treating physician does note that there is a history of jaundice, hepatitis and liver problems, but does not elaborate. There are other non-opioid analgesics that could be attempted for a trial. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As written the patient would have 200 pills, which is the equivalent of 33-66 days of medication without any interim evaluation. This is excessive. The original review partially certified for 60 pills, which is reasonable. As such, the request for Tramadol 50mg three to six per day #200 is not medically necessary.

6 sessions of aqua therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy. Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Aquatic Therapy.

Decision rationale: California MTUS guidelines state that "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP". While the patient does have a BMI of 37, the treating physician does not detail why the patient is unable to participate in any land based therapy. Of note, the treating physician states specifically that the aquatic therapy would be used for range of motion. The physical exam notes "almost full range of motion". Imaging results provided do not report "severe degenerative joint disease". As such, the current requests 6 sessions of Aqua Therapy are not medically necessary.

