

<b>Case Number:</b>	CM14-0050201		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/26/2005
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of September 26, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; a knee brace; a medical translator; multiple lumbar and cervical epidural steroid injections; unspecified amounts of physical therapy and chiropractic manipulative therapy; earlier lumbar fusion surgery; and extensive periods of time off of work. In a Utilization Review Report dated March 26, 2014, the claims administrator partially certified Norco, apparently for weaning purposes, approved a pain management consultation; denied functional capacity evaluation, and approved a neurosurgical spine consultation. The claims administrator cited non-MTUS ODG Guidelines to deny the functional capacity evaluation, it is incidentally noted, although the MTUS did address the topic. The applicant's attorney subsequently appealed. In a June 3, 2014 progress note, the applicant presented with neck pain, shoulder pain, elbow pain, low back pain, and bilateral knee pain, ranging from 6-8/10. The applicant was having difficulty sleeping. The applicant was having difficulty performing standing and walking tasks, it was stated, and was avoiding certain activities of daily living owing to pain. A pain management consultation and a neurosurgery consultation were sought. A knee brace was furnished. MRI imaging of the bilateral knees was sought. Tramadol, Prilosec, and Flexeril were renewed, along with several topical compounded medications. A functional capacity evaluation was also sought. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said 10-pound lifting limitation in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant's pain complaints remain quite significant, in the 6-8/10 range, despite ongoing tramadol usage. The applicant is having difficulty performing even basic activities of daily living, including those as basic as standing and walking. All of the above, taken together, suggests that ongoing usage of tramadol has not been altogether successful. Therefore, the request for Tramadol 50 mg, sixty count, is not medically necessary or appropriate.

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While the General Approach to Initial Assessment and Documentation Chapter of the ACOEM Practice Guidelines does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions, in this case, however, the applicant is seemingly off of work with a rather proscriptive 10-pound lifting limitation in place. It is not clear what role functional capacity testing would serve in this context. It is further noted that it does not appear the applicant has worked in several years. It is not certain what role functional capacity testing would serve in this context. Therefore, the request for a functional capacity evaluation is not medically necessary or appropriate.