

<b>Case Number:</b>	CM14-0198006		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	08/01/2008
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Family Practice 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:

This is a 71 year old female patient who sustained a work related injury on 8/1/2008. Patient sustained the injury when she was walking briskly and stepped on a peach pit that was on the floor and fell on her left side. She had a fracture of the left greater tuberosity of the left proximal humerus; fractures of T11, an endplate fracture of T10 inferior, and a superior endplate fracture of T12. The current diagnoses include spinal stenosis, lumbar region, sciatica, lumbar spondylolisthesis and lumbar s/p fusion. Per the doctor's note dated 11/13/14, patient has complaints of low back pain. Physical examination revealed tenderness on palpation over sacral spine, no muscle spasm, minimal pain with ROM, and decreased sensation. The current medication lists include Norco, Tramadol, Neurontin, the patient has had MRI and CT scan of the neck and back, electro diagnostics for this injury. The patient has had X-ray of the left wrist that revealed severe destructive osteoarthritis in the first carpometacarpal joint; MRI of the low back that revealed severe spinal stenosis at L4-5 with a second-degree spondylolisthesis at L4-5 in February 26 of 2010; CT scan of the pelvis that revealed sacral fracture were healing; The patient's surgical history include L4-L5, LS-S 1 fusion surgery on 10/29/12; on 08/13/14 Bilateral L5-S1 TFESI; on 10/08/14 Left L5-S1 TFESI; right knee arthroscopy and partial lateral meniscectomy, debridement. The patient has received an unspecified number of the PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg QTY: 270.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Page(s): 93-94, 113. Decision based on Non-MTUS Citation American Pain Society (APS) and the American Academy of Pain Medicine (AAPM) Guidelines, Official Disability Guidelines Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics; Opioids for neuropathic pain Page(s): 75; 82.

**Decision rationale:** Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain."Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Patient is having chronic pain and is taking Tramadol for this injury . Response to Tramadol in terms of functional improvement is not specified in the records provided. The level of the pain with and without medications is not specified in the records provided.. Short term or prn use of Tramadol for acute exacerbations would be considered reasonable appropriate and necessary.However, any evidence of episodic exacerbations of severe pain was not specified in the records provided.The rationale for Tramadol 50mg QTY: 270.00 for episodic exacerbations of severe pain was not specified in the records provided The need for Tramadol on a daily basis with lack of documented improvement in function is not fully established.The medical necessity of the request for Tramadol 50mg QTY: 270.00, as prescribed, is not fully established for this injury.

**Physical Therapy QTY: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Page(s): 8-9.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**Decision rationale:** The guidelines cited below state, " allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine" Patient has received an unspecified number of PT visits for this injury Previous conservative therapy notes were not specified in the records provided.The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria.The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected

to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels."A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided.The request for Physical Therapy QTY: 12.00 is not fully established for this patient.