

Case Number:	CM14-0200933		
Date Assigned:	12/11/2014	Date of Injury:	12/16/2013
Decision Date:	01/30/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	12/01/2014

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 neck pain reportedly associated with an industrial injury of September 16, 2013. In a Utilization Review Report dated November 1, 2014, the claims administrator partially approved a request for tramadol, denied Polar Frost gel, denied eight sessions of aquatic therapy, approved four sessions of manipulative therapy, and denied a pain management referral. The claims administrator invoked non-MTUS Colorado Guidelines to deny the pain management referral. Tramadol was apparently partially improved on the grounds that it was not generating appropriate benefit. The claims administrator interpreted the request for Polar Frost gel as a topical compounded drug. The claims administrator referenced an August 20, 2014 office visit in its rationale. The applicant's attorney subsequently appealed. In a December 12, 2014 progress note, the applicant reported ongoing complaints of headaches, neck pain, mid back pain, low back pain, sleep disturbance, depression, naproxen, Flexeril, and Methoderm were prescribed, along with chiropractic manipulative therapy, pain management consultation, lumbar MRI imaging. The attending provider posited that the applicant's functionality had been ameliorated by 10% with manipulative therapy. The applicant was nevertheless placed off of work, on total temporary disability. There was no explicit discussion of medication efficacy on this date. On October 17, 2014, the applicant reported ongoing, multifocal neck, low back, and mid back pain, 3-8/10. Tenderness and limited range of motion about multiple body parts were appreciated. Several topical compounded medications, 12 sessions of manipulative therapy, Norco, Flexeril, Motrin, and a pain management consultation were endorsed while the applicant was kept off of work, on total temporary disability. There was no discussion of medication efficacy on this date, either. On September 4, 2014, the applicant again reported multifocal complaints of neck pain, low back pain, and headaches, exacerbated by lifting, bending, twisting, sitting, turning, and

squatting. The applicant stated that standing, walking, and riding in a car were increasingly difficult. The applicant was having difficulty sleeping and has become depressed, it was stated. Cyclobenzaprine, Norco, and Menthoderm were endorsed while the applicant was placed off of work, on total temporary disability. The applicant's gait was not clearly described on this occasion. On August 20, 2014, the applicant reported ongoing complaints of neck pain, headaches, and back pain. The applicant had received seven sessions of physical therapy, one session of manipulative therapy, six sessions of acupuncture from this particular facility, the attending provider acknowledged. The applicant was asked to employ tramadol, Wellbutrin, and Polar Frost gel for pain relief. Additional manipulative therapy was sought. Aquatic therapy was sought. The applicant's gait was not clearly described. The applicant was kept off of work, on total temporary disability. The applicant's primary pain generators were the neck and low back, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids; Ongoing Management Page(s): 80; 78.

Decision rationale: As noted on page 80 of the MTUS 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. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Norco. The applicant continues to report seemingly severe, frequent multifocal complaints of neck pain, upper back pain, lower back pain, etc., despite ongoing tramadol usage. The attending provider's reports that the applicant's was having difficulty performing even basic activities such as entering and exiting a car, bending, twisting, stooping, lifting, standing, walking, etc., as of an office visit of September 5, 2014, referenced above, did not make a compelling case for continuation of tramadol. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an applicant employ the lowest possible dose of opioids needed to improve pain and function and, furthermore, that the applicant obtain all pain medications from one provider. Here, however, the applicant is seemingly receiving Norco, a short-acting opioid, from one provider, and tramadol, a synthetic opioid, from another provider. Both of these agents could be classified as short-acting opioids, it is further noted. No rationale for provision of two separate opioid agents from two separate providers was furnished. Therefore, the request is not medically necessary.

Prescription of Polar Frost get #1 tube: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Table 8-5, page 174; Table 12-5, page 299.

Decision rationale: Per the product description, Polar Frost gel represents a means of delivering cold therapy. The applicant's primary pain generators here are the neck, mid back, and lower back. While the MTUS Guidelines in ACOEM Chapter 8, Table 8-5, page 174 and ACOEM Chapter 12, Table 12-5, page 299 do support at-home local applications of heat or cold as methods of symptom control for neck, upper back, and/or low back complaints, all of which are present here, by implication, ACOEM does not support more elaborate devices for delivering cryotherapy, such as the Polar Frost gel at issue, which per the product description, ranges from \$10.99 to \$127.99 in price. The attending provider did not furnish any rationale for provision of the Polar Frost gel in favor of simple, low-tech applications of cold therapy as are endorsed by ACOEM. Therefore, the request is not medically necessary.

(8) Aquatic Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, there is no evidence that reduced weight bearing is, in fact, desirable. The applicant's gait was not clearly described or characterized on multiple office visits, referenced above, including on office visits of October 17, 2014, September 5, 2014, and August 25, 2014, referenced above. It was not clearly stated why aquatic therapy was or is preferable to land-based therapy and/or land-based home exercises. Therefore, the request is not medically necessary.

Referral to Pain Management Specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine a specialist evaluation is necessary. Here, the applicant is off of work, on total temporary disability. Earlier conservative treatments including time, medications, injections,

physical therapy, manipulative therapy, acupuncture, etc., have proven unsuccessful. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management consultant, is, thus, indicated. Therefore, the request is medically necessary.