

Case Number:	CM14-0203340		
Date Assigned:	12/15/2014	Date of Injury:	01/27/2005
Decision Date:	02/06/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/04/2014

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 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 patient is a 62-year-old female library clerk who sustained an industrial injury to her lumbar spine on January 27, 2005 while lifting a bin of books. She underwent anterior posterior lumbar fusion on December 3, 2010. Treatment to date has also consisted of medications, physical therapy, and epidural injections. The patient was seen for an initial evaluation on November 7, 2014 at which time she complained of radiating low back pain, shoulder pain, elbow pain, wrist/hand pain, emotional complaints and difficulty sleeping. Review of systems was checked positive for depression and difficulty sleeping. Physical examination revealed limited lumbar range of motion, tenderness, spasm, and upper extremity tenderness. Neurologic examination revealed decreased sensation in the right L4-S1 dermatome and 4/5 strength in the right extensor hallucis longus. Diagnoses was status post L5-S1 fusion 2010 with residual sprain strain with bilateral lower extremity radiculitis, right side greater than left; bilateral shoulder strain; bilateral elbow strain; bilateral wrist flexor and extensor tendinitis; emotional complaints of sleep difficulty deferred to the appropriate specialist. The patient is working. Ultram ER 150 mg #30 and Zanaflex 2 mg #120 were prescribed. Home interferential unit, psychiatric consultation, and 6 sessions of acupuncture were requested. Utilization review dated November 19, 2014 non-certified the request for tramadol ER 150 mg, home interferential unit, and psychiatric consultation was noncertified. The request for six acupuncture sessions and Zanaflex was certified. The prior peer reviewer noted that tramadol ER should be started at 100 mg. It was also noted that baseline pain levels have not been provided. It was also noted that the provided height and measurements indicate that the patient is petite meaning the higher dose of opiate medication places her at an elevated risk of adverse effects. The patient did not meet the guidelines for interferential current. With regard to psychiatric consultation there was no documentation of severe depression or other potentially serious mental illness.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tramadol ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is indicated for moderate to severe pain. In this case, the 11/7/14 report does not document specific pain levels. Furthermore, with regards to Ultram ER, the guidelines state that patients not currently not on immediate release tramadol should be started at a dose of 100mg once daily. The dose should be titrated upwards by 100mg increments if needed (Max dose 300mg/day). As such, starting the patient with Tramadol 150 mg is not supported. Therefore, the request for Tramadol 150 mg #30 is not medically necessary.

1 Home Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Current Stimulation Page(s): 120.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not recommend interferential stimulation as an isolated intervention. There is no indication that the patient's pain is ineffectively controlled due to diminished effectiveness of medication. There is no indication that the patient has significant side effects from medication or a history of substance abuse. The records do not establish that the patient has been unresponsive to other conservative measures. In fact, it is noted that a trial of acupuncture treatments has been certified. Furthermore, the guidelines state that if the criteria is met, a one month trial may be appropriate. The patient does not meet the criteria for an interferential unit. The request for 1 Home Interferential Unit is not medically necessary.

Unknown Psychiatric Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 14 (Stress Related Conditions), page 387, 398

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: According to the California MTUS ACOEM guidelines, specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. In this case, the medical records do not establish red flags, severe depression or anxiety that would support the request for specialty referral. Subjective documentation of emotional complaints and difficulty sleeping would be support the request for a psychiatric consultation. The request for psychiatric consultation is not medically necessary.