

Case Number:	CM15-0102972		
Date Assigned:	06/05/2015	Date of Injury:	01/29/2008
Decision Date:	07/10/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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, low back pain, hand pain, and knee pain with derivative complaints of fatigue, malaise, and alleged fibromyalgia (FM) reportedly associated with an industrial injury of January 29, 2008. In a Utilization Review report dated May 14, 2015, the claims administrator approved Zorvolex, denied tramadol, approved tizanidine, and denied a Thera Cane massager. A RFA form received on May 6, 2015 was referenced in the determination, although the full text of the UR report was not seemingly attached to the application. The applicant's attorney subsequently appealed. On June 8, 2015, the applicant reported ongoing complaints of knee, neck, low back, and wrist pain. The applicant had a past notable history notable for asthma, diabetes, hypertension, dyslipidemia, and sleep apnea, it was reported. The applicant had undergone multiple sleep studies. The applicant was on Flexeril, Lodine, losartan, metformin, MiraLax, tizanidine, tramadol, Victoza, Voltaren, and Zorvolex, it was reported. The applicant was given refills of tramadol, Lodine, and Flexeril. Additional physical therapy was sought. The applicant's work status was not detailed, although it did not appear that the applicant was working. Significant pain complaints were reported. Little-to-no discussion of medication efficacy transpired. On May 12, 2015, the applicant was asked to try and lose weight to improve diabetes management. It was acknowledged that the applicant was no longer working at this point. The applicant was placed off of work, on total temporary disability. The note was very difficult to follow, mingled historical issues with current issues. The applicant's medications, however, apparently included Zorvolex, Voltaren, tramadol, Victoza, tizanidine, MiraLax, metformin, losartan, Lodine, and Flexeril, it was reported. On March 12, 2015, the applicant reported 7/10 multifocal pain complaints and further noted that her pain had recently worsened over time. Physical therapy and psychotherapy were suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. 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 off of work, on total temporary disability, despite ongoing tramadol usage. The applicant continued to report pain complaints as high as 7/10, despite ongoing tramadol usage. The attending provider failed to outline meaningful or material improvements in function (if any) effected as a result of ongoing tramadol usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Theracane #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed Cervical and Thoracic Spine Disorders pg. 200. Recommendation: Mechanical Devices for Administering Massage for Cervicothoracic Pain Mechanical devices for administering massage are not recommended for cervicothoracic pain. Strength of Evidence "Not Recommended, Insufficient Evidence (I)".

Decision rationale: Similarly, the request for a TheraCane, a mechanical device for administering massage, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Cervical and Thoracic Spine Disorders Chapter notes on page 200 that mechanical devices for administering massage are "not recommended" in the management of neck and upper back pain, as were/are present here. The attending provider failed to furnish a compelling rationale for provision of this device in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

