

Case Number:	CM15-0130951		
Date Assigned:	07/17/2015	Date of Injury:	10/14/2009
Decision Date:	08/21/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/07/2015

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: Arizona, Michigan

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 injured worker is a 60 year old female, who sustained an industrial injury on 10/14/09. She reported injury to cervical spine, right shoulder and low back after reaching-lifting a heavy container. The injured worker was diagnosed as having cervical radiculitis, chronic pain, lumbar disc displacement, lumbar facet arthropathy, lumbar radiculitis and myofascial pain syndrome. Treatment to date has included physical therapy, oral medications including Naproxen sodium, Tramadol, Crestor, Cyclobenzaprine and Metformin. Currently on 5/26/15, the injured worker complains of neck pain with radiation down bilateral upper extremities, accompanied by tingling in the right upper extremity from shoulder to fingers, also associated with bilateral frontal and migraine headaches. The pain is described as sharp and severe; she reports moderate difficulty in sleep and tension between the shoulder blades and rates the pain 7/10. She also complains of thoracic back pain occurring frequently with radiation to the right scapula and described as aching and moderate in severity and low back pain with radiation down bilateral lower extremities described as sharp and severe in severity and rated 7/10 and worsened since previous visit. She rates the pain as 8/10 with medications and 9/10 without medications and worsened since her last visit. She also notes she was recently involved in a motor vehicle accident and is receiving physical therapy. She is noted to be currently working with restrictions. Physical exam dated 5/26/15 revealed spinal vertebral tenderness at C57, tenderness on palpation at trapezius muscles bilaterally with restricted cervical range of motion due to pain, tenderness n paravertebral region of thoracic spine and tenderness upon palpation in the lumbar spinal vertebral area at L4-S1 with restricted range of motion due to pain. The treatment plan included a

request for physical therapy. A request for authorization was submitted for 1-2 physical therapy sessions for cervical and thoracic spine for 4 weeks; Naproxen 550mg #30 and Tramadol 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2 times per week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 59.

Decision rationale: CA MTUS guidelines allow for fading of physical treatment frequency along with active self-directed home physical therapy, so fewer visits would be required. It is documented the injured worker is currently receiving physical therapy for a recent automobile accident. Documentation also states she has received physical therapy in the past; however, there is no documentation to support functional improvement or the number of visits completed. The request for physical therapy is not medically necessary.

Naproxen 550mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). CA MTUS notes that oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term symptomatic pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. The beneficiary has utilized Naproxen since at least 12/9/14. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.

Tramadol 50mg #30: Upheld

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

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

Decision rationale: According to CA MTUS guidelines, use of opioids requires is ongoing review and documentation of pain relief and improved functional status. The injured worker had been prescribed Tramadol for at least 6 months. The injured worker stated the pain had worsened since the previous visit. The MTUS recommends prescribing according to function with specific functional goals, random drug testing, and use of an opioid contract; these were not documented. The MTUS recommends monitoring including assessment for adverse effects and aberrant drug-taking behaviors; these were also not documented. Therefore, the request for Tramadol is not medically necessary.