

Case Number:	CM15-0133610		
Date Assigned:	07/24/2015	Date of Injury:	01/05/2011
Decision Date:	09/17/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/10/2015

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: California

Certification(s)/Specialty: Internal 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 56 year old male, who sustained an industrial injury on 1/5/11. The mechanism of injury was not documented. The injured worker was diagnosed as having lumbar strain, lumbar disc disease, cervical strain, cervical disc disease, cervical stenosis and bilateral shoulder pain, bilateral shoulder strain status post-surgery of left shoulder. Treatment to date has included left shoulder decompression (7/3/13), right shoulder rotator cuff repair and bone spur removal (6/17/15), oral medications including Tramadol; lumbar epidural steroid injection, acupuncture, physical therapy sessions of lumbar spine and home exercise program. (MRI) magnetic resonance imaging of lumbar spine performed on 5/15/15 revealed subtle scoliosis, minimal disc bulging at L2-3 and L3-4; moderate posterior annular disc bulging at L4-5 and very mild bulging at L5-S1. Currently on 6/25/15, the injured worker complains of chronic neck, back and bilateral shoulder pain. He retired on 1/22/11. Physical exam performed on 6/17/15 revealed restricted cervical range of motion. The treatment plan included requests for continuation of 12 post-op physical therapy sessions for right shoulder, 8 sessions of physical therapy for back pain and stiffness and refilling of Tramadol 50mg #100 and Flexeril 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Lumbar Spine, Cervical Spine and Bilateral Shoulder, quantity 8:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174, 212 and 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cervical p 1032; shoulder p 1356; and lumbar p 1390.

Decision rationale: The MTUS details the approach to physical therapeutic intervention for lumbar pain. It states that exercises for strengthening, ROM, and stretching; relaxation techniques and aerobic exercises should be stressed. It also states that 1-2 visits for education, counseling, and evaluation of home ROM stretching, and strengthening exercises would be appropriate. The ODG states that 10 visits should be allowed over a period of 8 weeks for lumbar PT. These visits should emphasize a decrease in frequency and emphasize active self-directed home PT. The MTUS states that physical modality treatment for the neck should include specific exercises for the neck for ROM and strengthening. At home treatments should be initially cold packs and then later hot and or cold packs applied. Also, relaxation techniques and aerobic activities should be stressed. Lastly, one or two PT sessions should be allowed to provide education, counseling, and supervision of an at home exercise program. The ODG discusses PT treatment for cervical pain caused by an intervertebral disc problem without myelopathy. It states that medical treatment should be provided with 10 visits over an 8 week period, postop treatment discectomy should comprise 16 visits over an 8 week period, and lastly cervical fusion should be allowed 34 post op visits over 8 weeks. The section in AECOM states that the recommended medical treatment for soft tissue and non-surgical shoulder treatment is passive rom at home with pendulum and wall crawl with the extremity and also strengthening and stabilization exercises. Optional treatment included heat or cold applications and a short course of PT. In the section in the ODG we note that PT treatment should be 1-3 visits a week with self-directed home PT taught and that the treatments should be 10 over a 8 week course. Our patient has already had a course of lumbar physical therapy and should be able to utilize home exercise techniques which should have already been taught. Also, she has chronic neck pain and probably has had a course of physical therapy with home exercise instructions and should be utilizing this for treatment. Also, the patient has already had physical therapy for the shoulders and should be able to utilize home exercise techniques for further strengthening. Therefore this request is not medically necessary.

Tramadol 50mg, #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 29, 74 and 94.

Decision rationale: The chronic pain section of the MTUS notes that Ultram or tramadol is a central acting analgesic and has opioid activity and inhibits reuptake of serotonin and norepinephrine and is reported to be effective in neuropathic pain and its side effects are similar to traditional opioids. It is also used to treat general moderate to moderate to severe pain .The MTUS also states that it should not be given with soma because of the combination causing euphoria and sedation. It also states that prior to starting it other traditional pain meds should be tried such as NSAID's and that opioids are not a first line treatment for pain. It also notes the patient should be screened for possible abuse potential and other traits that would make a patient unreliable, such as depression. The patient has chronic rather severe pain and has already had a number of treatments provided. He should be afforded the use of this medicine to help alleviate the pain. Therefore, this request is medically necessary.

Flexeril 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 41. Decision based on Non-MTUS Citation Up to date topic 9306 and version 145.0.

Decision rationale: Flexeril is a skeletal muscle relaxant and the MTUS notes it to be better than placebo for treatment of back pain but it states that the effect is modest at the price of a greater side effect profile. It was most efficacious in the first four days of treatment and this suggests that a short course of therapy may be most efficacious. It is also noted to be useful for the treatment of fibromyalgia. Up to Date states that the side effect profile includes drowsiness, dizziness, xerostomia, headache, constipation, nausea, diarrhea, weakness, fatigue, and confusion. This medicine is noted to have a modest effect at the expense of a greater side effect profile and is best used in acute pain for a short duration and not chronic pain. Therefore, this request is not medically necessary.