

<b>Case Number:</b>	CM15-0135460		
<b>Date Assigned:</b>	08/20/2015	<b>Date of Injury:</b>	08/03/2013
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Florida, 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 injured worker is a 35 year old female who sustained an industrial injury on 08-03-2013. Current diagnoses include lumbar spine musculoligamentous sprain-strain with left greater than right sacroiliac joint radiofrequency sprain with left lower extremity numbness and tingling, lumbar disc protrusion and no abutment, left shoulder sprain-strain impingement syndrome, tendinosis of the rotator cuff, bilateral knee sprain, patellofemoral arthralgia-left knee, posterior horn medial meniscus and posterior horn lateral meniscus tear and right knee posterior horn of the medial meniscus tear, bilateral elbow medial-lateral epicondylitis, bilateral wrist sprain with de Quervain's, cervical spine musculoligamentous sprain-strain, cervical disc bulge, and bilateral ankle and foot sprain, plantar fasciitis. Previous treatments included medications, chiropractic, home exercise program, heating pad, and LSO brace. Previous diagnostic studies included urine toxicology screenings. Report dated 06-08-2015 noted that the injured worker presented with complaints that included left knee pain with popping, weakness and giving way, and lumbar spine pain with spasm radiating in the bilateral lower extremity with numbness and tingling. Pain level was 6 (with medications) and 7 (without medications) out of 10 on a visual analog scale (VAS). Duration of pain relief with medications was 2-3 hours. Physical examination was positive for bilateral knee tenderness and crepitus, Mc Murray's is positive, decreased range of motion of the right and left knee, lumbar spine tenderness with spasm, straight leg test is positive, decreased range of motion and sensory, and decreased muscle weakness. The treatment plan included continue use of LSO and heating pad, continue with scheduling lumbar spine pain management consultation, request for surgery, continuing with home exercise program, refilled

Ultram and Fexmid, request for urine drug screen to assess medication compliance, request for LSO brace and bilateral foot orthotics, and follow up in 4-6 weeks. The treating physician noted that the injured worker has functional improvement with medications to include ability to perform activities of daily living, improved participation in home exercise program, and improved sleep pattern. Disputed treatments include Ultram, Fexmid, and urine drug screen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultram 50mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12,13 83 and 113 of 127.

**Decision rationale:** Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use is therefore not supported. The request is not medically necessary.

**Fexmid 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42 of 127.

**Decision rationale:** The MTUS recommends Flexeril (also known as cyclobenzaprine or Fexmid) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The request is not medically necessary.

**Urine Drug Screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 of 127.

**Decision rationale:** Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what clinically drove the need for this drug test. The request is not medically necessary under MTUS criteria.

**LSO Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): ACOEM, Chapter 12, Low back, page 298.

**Decision rationale:** The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the claimant is well past the acute phase of care. There is no evidence of lumbar spinal instability, or spondylolisthesis. Therefore, this request is not medically necessary.

**Bilateral Foot Orthotics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371, 372, 376.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): ACOEM guides, Chapter 14, page 371.

**Decision rationale:** The ACOEM guides, Chapter 14, page 371, dealing with the foot, do support the notion of specially made shoes/orthotics for ankle instability or metatarsalgia: Rigid orthotics (full shoe length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. Although there were extensive knee issues documented, there was no documentation of foot issues, the role for foot orthotics in this setting is unclear. The need for bilateral foot orthotics is not medically necessary.