

<b>Case Number:</b>	CM15-0141678		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	04/30/2015
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 52-year-old female, who sustained an industrial injury on 4-30-2015. She reported being struck by a luggage cart on the left side of her body. Diagnoses have included thoraco-lumbar musculoligamentous sprain-strain with right lower extremity radiculitis, bilateral ankle-foot sprain-strain, right shoulder periscapular strain and impingement syndrome, right knee sprain-strain and bilateral elbow sprain-strain. Treatment to date has included physical therapy. According to the Doctor's First Report of Occupational Injury or Illness dated 6-16-2015, the injured worker complained of moderate mid to low back pain, mild to moderate right shoulder pain, mild bilateral elbow pain, mild to moderate right hip pain, mild to moderate right knee pain and mild to moderate bilateral ankle-foot pain. She also complained of sleep difficulty and vertigo. Exam of the thoracic and lumbar spines revealed tenderness to palpation and mild spasm. There was tenderness to palpation over the right shoulder, bilateral elbows and right hip. Exam of the right knee revealed diffuse swelling. There was tenderness to palpation over the bilateral feet-ankles. Authorization was requested for Tramadol, Cyclobenzaprine, an ankle brace and a home interferential unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Tramadol 150mg #30, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it does not appear that this patient has received this medication previously. The patient has moderate to severe pain, which is not responded to conservative treatment. Therefore, the initiation of tramadol seems reasonable. Further use of this medication would require documentation of analgesic efficacy, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. In light of the above, the currently requested Tramadol 150mg #30 is medically necessary.

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement because of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

**Home interferential unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Interferential therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x  
Page(s): 118-120 of 127.

**Decision rationale:** Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment.). Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement and there is no provision for modification of the current request. In light of the above issues, the currently requested interferential unit is not medically necessary.

**Ankle brace purchase:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 14. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot Chapter, Bracing (immobilization).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Brace (immobilization).

**Decision rationale:** Regarding the request for an ankle brace, guidelines state that immobilization using a brace is not recommended. However, they do state that the use of a brace or tape to prevent relapse after ankle sprain is recommended. Within the documentation available for review, the requesting physician is asking for brace to be used with weight bearing, and there is no mention of using a brace for immobilization. The patient has a diagnosis of ankle sprain with significant difficulty ambulating. As such, the currently requested ankle brace is medically necessary.