

Case Number:	CM15-0147964		
Date Assigned:	08/11/2015	Date of Injury:	06/29/2009
Decision Date:	09/15/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/30/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 June 29, 2009 while working as a test technician. The mechanism of injury was a slip and fall while walking to her car. The injured worker has been treated for low back and bilateral foot injuries. The diagnoses have included chronic low back pain, facet joint arthropathy, left sciatic pain, lumbar sprain, left ankle-foot sprain and right foot pain. Treatment and evaluation to date has included medications, radiological studies, MRI, physical therapy, epidural steroid injections, electrodiagnostic studies, ankle stabilizer, acupuncture treatments and chiropractic treatments. The injured worker was noted to be temporarily totally disabled. Most current documentation dated January 15, 2015 notes that the injured worker reported constant low back pain rated an 8 out of 10 on the visual analogue scale. The pain was characterized as stabbing and radiated down the left lower extremity. Associated symptoms included a pins and needle sensation. Examination of the lumbar spine revealed a decreased range of motion. Examination also revealed give way weakness of the left foot dorsiflexors. Right foot examination revealed tenderness to palpation over the calcaneal region and a full range of motion. The treating physician's plan of care included a request for Tramadol 50 mg # 90 and physical therapy times 8 visits for the lumbar spine and left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg 1-2 tabs TID prn pain #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 93-96.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Physical therapy X 8 visits to lumbar spine and left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines for chronic pain recommends up to 10 visits over 4 weeks of physical therapy (PT) for chronic pain. Chronic Pain Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by restoring function improvement. The MTUS Guideline indicates "functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The injured worker continues to have chronic back and bilateral foot pain. The documentation supports the injured worker received physical therapy in the past with no documented functional improvement noted in the medical records. There is lack of documentation as to how many PT sessions the injured worker has received or the functional benefit from the physical therapy. Medical necessity for the requested PT services has not been established. The request for 8 additional physical therapy sessions to the lumbar spine and left ankle is not medically necessary.

