

Case Number:	CM15-0149081		
Date Assigned:	08/12/2015	Date of Injury:	10/11/2012
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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 64 old female, who sustained an industrial injury on October 11, 2012. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, epidural injections (per injured worker) and activity modifications. Currently, the injured worker complains of back pain that travels up and down her legs accompanied by numbness and tingling down to her feet (left greater than right). The pain is described as burning, recurrent, sharp and achy and is rated at 8 on 10. The pain is exacerbated by twisting, bending, prolonged sitting, standing and walking. She reports a sleep disturbance as well. The injured worker is currently diagnosed with lumbar radiculopathy (left greater than right), lumbar disc disease, chronic myofascial pain and chronic pain syndrome. Her work status is temporary total disability. A note dated March 27, 2015 states the injured worker experiences a 50% decrease in her pain from Tramadol and 40% with Naproxen. The note also states the injured worker experiences improved function and increased ability to engage in activities of daily living with her pain medication. A note dated March 30, 2015 states the epidural injections were not beneficial, per injured worker. A progress note dated April 30, 2015 states the injured worker is not experiencing therapeutic efficacy from her medication regimen. The note also states the injured worker is experienced difficulty engaging in activities of daily living and decreased ability to function. The following, Tramadol 50 mg #30 (pain relief) and aquatic therapy 2 x a week for 8 weeks for the low back (decrease pain and increase range of motion) are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, criteria for use Page(s): 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Tramadol, Chronic Pain Medical Treatment Guidelines state that Tramadol 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, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tramadol, is not medically necessary.

Aquatic therapy 2 times a week for 8 weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Guidelines Page(s): 22, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 99.

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. In addition, there is no documentation of inability to tolerate land-based therapy to warrant the request for aquatic therapy. Therefore, this request is not medically necessary.