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| Case Number: | CM15-0161460 | | |
| Date Assigned: | 08/27/2015 | Date of Injury: | 08/21/2001 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 07/29/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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(n) 57 year old female, who sustained an industrial injury on 8/21/01. She reported pain in her neck, bilateral wrists and lower back. The injured worker was diagnosed as having carpal tunnel syndrome, cervical disc degeneration, lumbar degenerative disc disease, lumbar radiculopathy and cervical radiculopathy. Treatment to date has included physical therapy, a home exercise program and a TENS unit. Current medications include Flexeril, Aciphex, Celebrex, Voltaren, Elavil, Colace and Ultram since at least 3-19-14. On 6-25-15 the injured worker rated her pain an 8 out of 10 without medications and a 7 out of 10 with medications. As of the PR2 dated 7-24-15, the injured worker reports pain in her neck, bilateral wrists and lower back. She feels 50% relief after the physical therapy sessions and the physical therapist reported her pain goes from 7-9 out of 10 to 4 out of 10. Objective findings include a positive straight leg raise test, tenderness over the lumbar paraspinals and decreased cervical range of motion. The treating physician requested Ultram 50mg #90 x 1 refill and physical therapy x 6 sessions for the neck and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on Ultram for over a year in combination with NSAIDs and muscle relaxants. Pain reduction with use attributed to Ultram is unknown. Future response of the medication is unknown. There was no mention of weaning, Tricyclic or Tylenol failure. Continued use of Tramadol is not medically necessary.

Six (6) physical therapy sessions for the neck and low back (x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174, 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks-Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant had completed an unknown amount of therapy in the past. The claimant was performing home exercises independently. Consequently, additional therapy sessions are not medically necessary.