

Case Number:	CM15-0164893		
Date Assigned:	09/02/2015	Date of Injury:	09/23/2009
Decision Date:	10/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 72 year old male, who sustained an industrial-work injury to the neck and low back after a slip and fall on 9-23-09. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain-contusion, lumbosacral strain-contusion, cervical spine disc bulge and lumbar multi-level disc bulge. Medical records dated 7-21-15 indicate that the injured worker complains of constant pain in the neck and low back pain that radiates to the left groin, thigh and leg. He also reports problems with sleep due to pain. He also reports stomach ache, painful and difficult urination, stress, anxiety and depression. The medical records also indicate worsening of the activities of daily living with flare up of the orthopedic complaints. Per the treating physician report dated 7-21-15 indicates that the employee has not returned to work. The physical exam dated 7-21-15 reveals cervical spine tenderness to palpation over the bilateral trapezius and rhomboids. The lumbar spine reveals tenderness to palpation, bilateral hamstring tightness, and range of motion is limited and painful with flexion and extension maneuvers. Treatment to date has included pain medication, Mobic and Tramadol since at least 7-21-15, Functional Capacity Evaluation (FCE), back brace, diagnostics and other modalities. The documentation submitted did not include previous therapy sessions or diagnostic reports. The original Utilization review dated 8-14-15 modified a request for 12 sessions of physical therapy for cervical and lumbar spine to 6 physical therapy sessions for the cervical and lumbar spine to allow for fading of treatment frequency, Mobic 7.5 MG #60 modified to Mobic 7.5mg #30 for weaning , and Tramadol 50 MG #90 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions PT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: 12 sessions of PT are not medically necessary per the MTUS Guidelines. The MTUS recommends up to 10 visits for this condition with a transition to an independent home exercise program. The documentation is not clear on how much prior lumbar PT the patient has had given a work injury in 2009 and why the patient is not independent in a home exercise program. The request as written exceeds the recommended 10 visits for the patient's condition and also does not specify a body part. The request for 12 PT sessions is not medically necessary.

Mobic 7.5 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Mobic 7.5 MG #60 is not medically necessary per the MTUS Guidelines. The MTUS states that for osteoarthritis the usual initial dose of Mobic is 7.5 mg/day, although some patients may receive additional benefit with an increase to 15 mg a day. The maximum dose is 15 mg/day. The use of Mobic for mild to moderate pain is off label. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The request for continued Mobic is not medically necessary, as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The documentation indicates that the patient has hypertension which is not controlled and has been using NSAIDs long term without evidence of significant objective increase in function therefore this request is not medically necessary.

Tramadol 50 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Tramadol 50 MG #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of functional improvement therefore the request for continued Tramadol is not medically necessary.