

Case Number:	CM15-0186254		
Date Assigned:	09/28/2015	Date of Injury:	08/26/2009
Decision Date:	11/19/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/22/2015

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

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 50 year old male who sustained an industrial injury on 08-26-2009. Medical records indicated the worker was treated for neck and back pain. His diagnoses include right neural foraminal narrowing (moderate) at C3-4; cervical radiculopathy; right shoulder, elbow, and wrist arthralgia, chronic low back pain, lumbar radiculopathy per EMG, Herniated nucleus pulposus at L4-5 with stenosis, and Sacroiliac joint dysfunction. In the provider notes of 07-28-2015, the injured worker complains of persistent headaches, primarily in the frontal region. He has severe bilateral knee pain (rated an 8-9 on a scale of 0-10) that limits his walking. Per the worker, he reports that he is authorized for a left knee arthroscopy with medial meniscectomy as of 04-28-2015. He reports persistent anxiety and depression, which he attributes to persistent pain. His activity level is limited due to pain. He exercises walking chest deep in water. He complains of Increased back pain when walking on land and he uses a cane. On examination his gait is antalgic, he has pain with facet loading of cervical and lumbar spines bilaterally. Range of motion of the cervical and lumbar spine is decreased in all planes. There is pain with palpation of the bilateral sacroiliac joint regions. He has decreased sensation in bilateral C5 dermatomes. There is decreased sensation in the right L5 and S1 dermatomes. Bilateral deltoids, biceps, internal and external rotators, wrist extension, and wrist flexion are 4 of 5 and limited by pain. His medications that he has tried include Ibuprofen and Tylenol. Codeine has been avoided due to liver damage (per the worker). He is currently taking Ultram IR daily, Prilosec once daily for gastritis and Prozac daily for depression. He takes Tramadol ER once daily as needed for pain and Flexeril once daily as needed for muscle spasm. A right

sacroiliac injection (04-26-2015) gave only two or three weeks of pain relief then returned to baseline. He has had psychological follow up visits for his depression. Using a TENS unit helps decrease his pain by about 30% temporarily and has allowed him to decrease his medication use. His treatment plan includes continuation of his home exercise program as tolerated, and a pain management follow-up is desired. Treatment options for his neck and back include future considerations of a medial branch block or surgery for the lumbar spine. A request for authorization was submitted for Pain Management Follow-Up Appointment, General Orthopedic Follow-Up Appointment - Bilateral Knees, and Tramadol ER 200mg #30. A utilization review decision 09-09-2015 certified the request for a Pain Management Follow-Up. The General orthopedic follow-up was certified. Tramadol ER 200mg #30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Follow-Up Appointment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7-Independent Medical Examinations and Consultations pages #127, 156. ODG, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, under Office visits.

Decision rationale: The patient presents with neck and back pain. He also reports severe bilateral knee pain, which limits his walking. He reports persistent anxiety and depression. The request is for pain management follow-up appointment. The request for authorization is dated 07/28/15. Patient's diagnoses include disc herniation C3-4 and C4-5; right neural foraminal narrowing moderate C3-4; cervical radiculopathy; right shoulder, elbow, and wrist arthralgia; chronic low back pain; lumbar radiculopathy per EMG; HNP at L4-5 with stenosis; and SI joint dysfunction. Physical examination reveals pain with facet loading of cervical and lumbar spines bilaterally. Range of motion of the cervical spine and lumbar spine is decreased in all planes. Pain with palpation of the bilateral SI joint regions. Pain with bilateral FABER. Decreased sensation in bilateral C5 dermatomes. Decreased sensation right L5 and S1 dermatomes. He had a right SI joint injection and reports that the relief lasted for two or three weeks. He continues to do water exercises. He says he is using a TENS unit which helps decrease his pain by about 30% temporarily. Patient's treatments include acupuncture - 21 sessions, helped somewhat temporarily; chiropractic therapy - 6 sessions, minimal help; about 40 visits of PT in the past which only helped somewhat. Patient's medications include Ultram, Tramadol, Flexeril, OTC Cream, Prilosec, and Prozac. His pain is decreased about 30-40% temporarily with the medications and he is able to do more activities such as household duties for a little while longer. He says the medications allow him to increase his walking distance about 10-15 minutes. He does report some drowsiness with the medication use. He denies any other negative side effects. Per progress report dated 07/28/15, the patient is permanent and stationary. ODG-TWC Guidelines, Neck and Upper Back (Acute & Chronic) Chapter, under Office visits Section states, "Recommended as determined to be medically necessary. The need for a clinical office visit

with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." Per progress report dated 07/28/15, treater's reason for the request is "He says he wants to know what his treatment options are with regards to his neck and back. Future considerations include a medial branch block or surgery for the lumbar spine." In this case, the patient continues with neck and back pain. Additionally, the patient is also prescribed Tramadol, an opioid pain medication. ODG guidelines recommend office visits with the treating physician to review patient concerns, signs and symptoms. Therefore, the request is medically necessary.

General Orthopedic Follow-Up Appointment - Bilateral Knees: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 ,Independent Medical Examination and Consultations pages:127, 156. ODG, Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, under Office visits.

Decision rationale: The patient presents with neck and back pain. He also reports severe bilateral knee pain, which limits his walking. He reports persistent anxiety and depression. The request is for general orthopedic follow-up appointment - bilateral knees. The request for authorization is dated 07/28/15. Patient's diagnoses include disc herniation C3-4 and C4-5; right neural foraminal narrowing moderate C3-4; cervical radiculopathy; right shoulder, elbow, and wrist arthralgia; chronic low back pain; lumbar radiculopathy per EMG; HNP at L4-5 with stenosis; and SI joint dysfunction. Physical examination reveals pain with facet loading of cervical and lumbar spines bilaterally. Range of motion of the cervical spine and lumbar spine is decreased in all planes. Pain with palpation of the bilateral SI joint regions. Pain with bilateral FABER. Decreased sensation in bilateral C5 dermatomes. Decreased sensation right L5 and S1 dermatomes. He had a right SI joint injection and reports that the relief lasted for two or three weeks. He continues to do water exercises. He says he is using a TENS unit which helps decrease his pain by about 30% temporarily. Patient's treatments include acupuncture - 21 sessions, helped somewhat temporarily; chiropractic therapy - 6 sessions, minimal help; about 40 visits of PT in the past which only helped somewhat. Patient's medications include Ultram, Tramadol, Flexeril, OTC Cream, Prilosec, and Prozac. His pain is decreased about 30-40% temporarily with the medications and he is able to do more activities such as household duties for a little while longer. He says the medications allow him to increase his walking distance about 10-15 minutes. He does report some drowsiness with the medication use. He denies any other negative side effects. Per progress report dated 07/28/15, the patient is permanent and stationary. ODG-TWC Guidelines, Neck and Upper Back (Acute & Chronic) Chapter, under Office visits Section states, "Recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." Per progress report dated 07/28/15, treater's reason for the request is "[REDACTED] has moved to Oregon and is no longer seeing patients in our office. Request general orthopedic follow ups with [REDACTED] for the knees and general orthopedic follow-ups with [REDACTED] for the upper extremities." In

this case, the patient continues with bilateral knee pain. ODG guidelines recommend office visits with the treating physician to review patient concerns, signs and symptoms. Therefore, the request is medically necessary.

Tramadol Er 200mg #30: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with neck and back pain. He also reports severe bilateral knee pain, which limits his walking. He reports persistent anxiety and depression. The request is for Tramadol ER 200mg #30. The request for authorization is dated 07/28/15. Patient's diagnoses include disc herniation C3-4 and C4-5; right neural foraminal narrowing moderate C3-4; cervical radiculopathy; right shoulder, elbow, and wrist arthralgia; chronic low back pain; lumbar radiculopathy per EMG; HNP at L4-5 with stenosis; and SI joint dysfunction. Physical examination reveals pain with facet loading of cervical and lumbar spines bilaterally. Range of motion of the cervical spine and lumbar spine is decreased in all planes. Pain with palpation of the bilateral SI joint regions. Pain with bilateral FABER. Decreased sensation in bilateral C5 dermatomes. Decreased sensation right L5 and S1 dermatomes. He had a right SI joint injection and reports that the relief lasted for two or three weeks. He continues to do water exercises. He says he is using a TENS unit which helps decrease his pain by about 30% temporarily. Patient's treatments include acupuncture - 21 sessions, helped somewhat temporarily; chiropractic therapy - 6 sessions, minimal help; about 40 visits of PT in the past which only helped somewhat. Patient's medications include Ultram, Tramadol, Flexeril, OTC Cream, Prilosec, and Prozac. His pain is decreased about 30-40% temporarily with the medications and he is able to do more activities such as household duties for a little while longer. He says the medications allow him to increase his walking distance about 10-15 minutes. He does report some drowsiness with the medication use. He denies any other negative side effects. Per progress report dated 07/28/15, the patient is permanent and stationary. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per progress report dated 07/28/15, treater's reason for the request is "for extended pain relief." Patient has been prescribed Tramadol since at least 01/28/15. MTUS requires appropriate

discussion of the 4A's, and treater does discuss how Tramadol significantly improves patient's activities of daily living with specific examples. Analgesia is discussed, specifically showing pain reduction with use of Tramadol. There is documentation regarding adverse effects but not aberrant drug behavior. A UDS dated 04/25/15 is provided for review. In this case, treater has discussed most but not all of the 4A's as required by MTUS. Therefore, the request is not medically necessary.