

Case Number:	CM15-0186812		
Date Assigned:	09/28/2015	Date of Injury:	08/20/2014
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
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: Massachusetts

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:

This is a 60 year old male with a date of injury of August 20, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for back pain, left ankle pain, left knee pain, and neck pain. Medical records dated March 23, 2015 indicate that the injured worker complains of neck pain, left upper back pain, lower back pain, left hand pain, bilateral knee pain, and left foot pain rated at a level of 8 out of 10 that may decrease to 5 out of 10 or increase to 10 out of 10. Records also indicate that the injured worker required no assistance with activities of daily living. A progress note dated July 6, 2015 notes subjective complaints of neck pain, left leg pain, and knee pain, with compensatory pain in the lower back, left knee, and right knee due to an antalgic gait. The physical exam dated March 23, 2015 reveals flattening of the cervical lordosis, loss of thoracic spine kyphosis, flattening of lumbar lordosis, right shoulder higher than left, decreased range of motion of the cervical spine, limited range of motion of the left shoulder due to pain, decreased range of motion of the thoracolumbar spine, pain in right knee with partial deep knee bend, decreased sensation in the left heel, positive straight leg raise on the left, and decreased reflexes of the left upper and lower extremities. There was no other recent physical examination regarding all of the injured worker's complaints documented in the medical records submitted for review. Treatment has included medications (Naproxen 500mg twice a day since at least April of 2015; Tramadol 50mg twice a day since noted on July 6, 2015; history of Hydrocodone-Acetaminophen 5-325mg), trigger point injections, unknown number of physical therapy sessions, transcutaneous electrical nerve stimulator unit, and nerve blocks. The original utilization review (September 2, 2015) non-certified a request for a one time full day

HELP evaluation, and partially certified a request for Tramadol 50mg #30 (original request for Tramadol 50mg).

IMR ISSUES, DECISIONS AND RATIONALES

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

One time full day HELP evaluation: 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): Chronic pain programs (functional restoration programs).

Decision rationale: The claimant sustained a work injury in August 2014 when he nearly fell from a ladder after being struck by falling bucket of screws and bolts. He was seen by the requesting provider on 07/06/15. There had been an initial benefit with physical therapy. He had been seen by a surgeon and wanted to delay undergoing a surgical procedure for his knee. The requesting provider presented the option of additional physical therapy. The claimant had become familiar with the functional restoration program through a friend and wanted to participate in the program. Authorization for an interdisciplinary evaluation was requested. Tramadol was being prescribed and was continued. The assessment references medications as providing analgesia with increased activities of daily living. In terms of a Functional Restoration Program, criteria include that the patient has a significant loss of the ability to function independently due to chronic pain, previous methods of treating chronic pain have been unsuccessful, and that there is an absence of other options likely to result in significant clinical improvement. In this case, additional physical therapy was the requesting providers initial recommendation and there is no reason to think that this would not be an effective treatment for the claimant's condition. A functional restoration program evaluation is not medically necessary.

Tramadol 50mg: 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, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in August 2014 when he nearly fell from a ladder after being struck by falling bucket of screws and bolts. He was seen by the requesting provider on 07/06/15. There had been an initial benefit with physical therapy. He had been seen by a surgeon and wanted to delay undergoing a surgical procedure for his knee. The requesting provider presented the option of additional physical therapy. The claimant had become familiar with the functional restoration program through a friend and wanted to participate in the program. Authorization for an interdisciplinary evaluation was requested. Tramadol was being prescribed and was continued. The assessment references medications as

providing analgesia with increased activities of daily living. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.