

Case Number:	CM15-0189394		
Date Assigned:	10/01/2015	Date of Injury:	05/21/2015
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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: Emergency 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 60 year old female who sustained an industrial injury on 05-21-2015. According to a progress report dated 08-06-2015, the injured worker reported pain in the neck, mid upper back and lower back. On a scale of 0-10 with 10 representing the worst pain, neck pain was rated 8 and had increased from 7 on the last visit. Mid upper back pain was rated 9 and had increased from 7 on the last visit. Lower back pain was rated 9 and increased from 8 on the last visit. Examination of the cervical spine demonstrated tenderness to palpation over the paraspinal muscles. Examination of the thoracic spine demonstrated grade 2 tenderness to palpation over the paraspinal muscles "on the last visit". Examination of the lumbar spine demonstrated grade 2 tenderness to palpation over the paraspinal muscles. Straight leg raise test was positive on the right. Diagnostic impression included cervical musculoligamentous strain sprain, cervical spine discogenic disease per patient's history, thoracic musculoligamentous strain sprain, lumbosacral musculoligamentous strain sprain with radiculitis, lumbosacral spine discogenic disease per patient's history and L5-S1 disc protrusion 6.5 millimeters with annular tear per MRI dated 09-08-2014 exacerbation. The treatment plan included physical therapy of the cervical spine, dorsal spinal and lumbar spine 2 times a week for 6 weeks and Tramadol 50 mg every 12 hours as needed #60. An authorization request dated 08-06-2015 was submitted for review. The requested services included physical therapy of the cervical, dorsal and lumbar spine and Tramadol 50 mg every 12 hours as needed #60. Documentation shows that Tramadol was previously prescribed on 02-12-2015 and 05-21-2015. A urine drug toxicology performed on 05-21-2015 was negative for opiates. According to a report dated 05-21-2015, the injured worker

reported that her activities of daily living and function had improved by 10% with physical therapy and that her endurance had increased by 10%. She was advised to continue physical therapy 2 times a week for 6 weeks. On 09-01-2015, Utilization Review non-certified the request for 12 physical therapy visits and modified the request for one prescription of Tramadol 50 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy visits: 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: The requested Twelve (12) physical therapy visits, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has pain in the neck, mid upper back and lower back. On a scale of 0-10 with 10 representing the worst pain, neck pain was rated 8 and had increased from 7 on the last visit. Mid upper back pain was rated 9 and had increased from 7 on the last visit. Lower back pain was rated 9 and increased from 8 on the last visit. Examination of the cervical spine demonstrated tenderness to palpation over the paraspinal muscles. Examination of the thoracic spine demonstrated grade 2 tenderness to palpation over the paraspinal muscles "on the last visit". Examination of the lumbar spine demonstrated grade 2 tenderness to palpation over the paraspinal muscles. Straight leg raise test was positive on the right. Diagnostic impression included cervical musculoligamentous strain sprain, cervical spine discogenic disease per patient's history, thoracic musculoligamentous strain sprain, lumbosacral musculoligamentous strain sprain with radiculitis, lumbosacral spine discogenic disease per patient's history and L5-S1 disc protrusion 6.5 millimeters with annular tear per MRI dated 09-08-2014 exacerbation. The treatment plan included physical therapy of the cervical spine, dorsal spinal and lumbar spine 2 times a week for 6 weeks and Tramadol 50 mg every 12 hours as needed #60. An authorization request dated 08-06-2015 was submitted for review. The requested services included physical therapy of the cervical, dorsal and lumbar spine and Tramadol 50 mg every 12 hours as needed #60. Documentation shows that Tramadol was previously prescribed on 02-12-2015 and 05-21-2015. A urine drug toxicology performed on 05-21-2015 was negative for opiates. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Twelve (12) physical therapy visits is not medically necessary.

One (1) prescription for Tramadol 50mg #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): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: The requested One (1) prescription for Tramadol 50mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain in the neck, mid upper back and lower back. On a scale of 0-10 with 10 representing the worst pain, neck pain was rated 8 and had increased from 7 on the last visit. Mid upper back pain was rated 9 and had increased from 7 on the last visit. Lower back pain was rated 9 and increased from 8 on the last visit. Examination of the cervical spine demonstrated tenderness to palpation over the paraspinal muscles. Examination of the thoracic spine demonstrated grade 2 tenderness to palpation over the paraspinal muscles "on the last visit". Examination of the lumbar spine demonstrated grade 2 tenderness to palpation over the paraspinal muscles. Straight leg raise test was positive on the right. Diagnostic impression included cervical musculoligamentous strain sprain, cervical spine discogenic disease per patient's history, thoracic musculoligamentous strain sprain, lumbosacral musculoligamentous strain sprain with radiculitis, lumbosacral spine discogenic disease per patient's history and L5-S1 disc protrusion 6.5 millimeters with annular tear per MRI dated 09-08-2014 exacerbation. The treatment plan included physical therapy of the cervical spine, dorsal spinal and lumbar spine 2 times a week for 6 weeks and Tramadol 50 mg every 12 hours as needed #60. An authorization request dated 08-06-2015 was submitted for review. The requested services included physical therapy of the cervical, dorsal and lumbar spine and Tramadol 50 mg every 12 hours as needed #60. Documentation shows that Tramadol was previously prescribed on 02-12-2015 and 05-21-2015. A urine drug toxicology performed on 05-21-2015 was negative for opiates. The treating physician has not documented: failed first-line opiate trials, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, One (1) prescription for Tramadol 50mg #60 is not medically necessary.