

<b>Case Number:</b>	CM15-0196750		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 59 year old male with an industrial injury date of 09-16-2013, 07-07-2015 (cumulative trauma). Medical record review indicates he is being treated for cervical-trapezial musculoskeletal sprain-strain with bilateral upper extremity radiculitis, lumbar musculoligamentous sprain-strain with bilateral upper extremity radiculitis, bilateral shoulder sprain-strain with impingement, right side greater than left, right elbow medial and lateral epicondylitis., rule out cubital tunnel syndrome, right wrist sprain-strain rule out carpal tunnel syndrome and right knee sprain-strain with patellofemoral degenerative joint disease. Subjective complaints (07-31-2015) included bilateral shoulder pain, neck pain, right knee pain, right hand, wrist and finger pain, right elbow pain and low back pain with radiation down to both legs. Work status (07-31-2015) is documented as "able to perform usual work." Prior treatment notes (04- 02-2015) do not indicate the use of medications. Prior treatment included "12-15 sessions of physical therapy", bracing and right shoulder injections (provided temporary relief.)The treating physician documented x-ray findings of the right knee at the 07-31-2015 visit as follows: Two view radiographs of the right knee were obtained on today's visit, revealing moderate patellofemoral degenerative changes. Joint spaces were measures as follows: medial joint space was five millimeters and lateral joint space was five millimeters. Objective findings 07-31-2015 included tenderness to palpation with spasm and muscle guarding over the right sided paraspinal musculature and trapezius muscles. There was tenderness to palpation with spasm and muscle guarding over the bilateral paraspinal musculature. Bilateral shoulder exam revealed tenderness to palpation over the subacromial regions, acromioclavicular joints, supraspinatus tendons and anterior capsules. Impingement test was positive. Tenderness was

noted to palpation over the medial and lateral epicondyles. There was tenderness to palpation over the flexor and extensor tendons of the right wrist and right knee revealed tenderness to palpation over the medial and lateral joint lines. On 09-08-2015 the following requests were non-certified by utilization review: Tramadol 150 mg #30 and Home Interferential unit, purchase.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Tramadol 150mg #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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Tramadol, California Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines also have "Steps to take before a Therapeutic Trial of Opioids". These steps include: before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. Pain related assessment should include history of pain treatment and effect of pain and function. Assess the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. Within the documentation available for review, all the "Steps to take before a Therapeutic Trial of Opioids" have not been done. In light of the above issues, the currently requested Tramadol 150mg #30, is not medically necessary.

#### **Home Interferential unit, purchase: 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): Transcutaneous electrotherapy.

**Decision rationale:** Regarding the request for Home Interferential unit, purchase, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment.). Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement and there is no provision for modification of the current request. In light of the above issues, the currently requested Home Interferential unit, purchase is not medically necessary.