

Case Number:	CM15-0020845		
Date Assigned:	02/10/2015	Date of Injury:	05/12/2007
Decision Date:	04/01/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/04/2015

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 51 year old male, who sustained an industrial injury on May 12, 2007. The injured worker has reported neck, shoulder, back and left lower extremity pain. The diagnoses have included cervical sprain/strain with bilateral upper extremity radiculitis, lumbar sprain/strain with bilateral lower extremity radiculitis and grade I retolsthesis of lumbar five-sacral one, bilateral shoulder sprain/strain with impingement syndrome, bilateral wrist sprain/strain, bilateral knee sprain/strain, and patellofemoral arthralgia. Treatment to date has included pain medication, MRI of the left knee, acupuncture sessions, injections and a home exercise program. Current documentation dated December 22, 2014 notes that the injured worker complained of chronic neck, low back, knee, wrist, and shoulder pain. He also reported constant numbness and tingling in the left upper extremity especially at night and a decreased grip. Physical examination of the knees revealed tenderness to palpation, greater on the left. Crepitus was noted bilaterally. The injured worker was noted to have decreased range of motion of the knees, shoulders and cervical spine. The deep tendon reflexes were decreased in both upper extremities. Examination of the shoulders revealed tenderness to palpation. Impingement test was positive bilaterally. On January 16, 2015 Utilization Review non-certified requests for Ultram 150 mg # 30, an ultrasound of the left knee and an MRI of the lumbar spine. The MTUS, ACOEM Guidelines and Chronic Pain Medical Treatment Guidelines, were cited. On February 4, 2015 the injured worker submitted an application for IMR for review of Ultram 150 mg # 30, an ultrasound of the left knee and an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150 mg, thirty count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient is a 51 year old male who presents with constant numbness and tingling in the left upper extremity especially at night, with associated grip loss and dropping of items from the left hand. Patient also complains of bilateral knee pain, especially in the posterior portion of the right knee. The patient's date of injury is 05/12/07. Patient has no documented surgical history directed at this complaint. The request is for ULTRAM 150MG, THIRTY COUNT. The RFA is dated 12/22/14. Physical examination dated 12/22/14 reveals tenderness to palpation over the medial joint line, peripatellar region, and popliteal fossa of the bilateral knees - right greater than left. Bilateral wrist examination reveals tenderness to palpation over the bilateral flexor and extensor tendons, right greater than left. Examination of bilateral shoulders reveals tenderness to palpation over the supraspinatus tenons, subacromial region, acromioclavicular joint and trapezius muscles left greater than right. Shoulder exam also reveals positive cross arm test left, positive impingement test left, decreased range of motion bilaterally. The patient is currently prescribed Voltaren patches, Fexmid, and Gabapentin. Diagnostic imaging was not included. Per 12/22/14 progress note patient is advised to remain temporarily totally disabled for 6 weeks. MTUS Guidelines 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 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 Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In regards to the request for what appears to be the initiating prescription of Ultram for the management of this patient's chronic multisystem pain, the request appears reasonable. UR denial letter dated 01/16/15 non certified this medication stating: "Guidelines state that those patients who are not on immediate release Tramadol should be started at a dose of 100mg once daily. The maximum dose should not exceed 300mg/day." While it appears that this patient is being prescribed an initial dose of 150mg/day, the 100mg/day starting dosage is not a hard ceiling, and it is at the treater's discretion to provide the appropriate dosing based on patient's clinical history, physical condition, etc. Therefore, the request IS medically necessary.

Ultrasound of the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official disability guidelines Knee and Leg chapter, under Ultrasound Diagnostic.

Decision rationale: The patient is a 51 year old male who presents with constant numbness and tingling in the left upper extremity especially at night, with associated grip loss and dropping of items from the left hand. Patient also complains of bilateral knee pain, especially in the posterior portion of the right knee. The patient's date of injury is 05/12/07. Patient has no documented surgical history directed at this complaint. The request is for ULTRASOUND OF THE LEFT KNEE. The RFA is dated 12/22/14. Physical examination dated 12/22/14 reveals tenderness to palpation over the medial joint line, peripatellar region, and popliteal fossa of the bilateral knees - right greater than left. Bilateral wrist examination reveals tenderness to palpation over the bilateral flexor and extensor tendons, right greater than left. Examination of bilateral shoulders reveals tenderness to palpation over the supraspinatus tendons, subacromial region, acromioclavicular joint and trapezius muscles left greater than right. Shoulder exam also reveals positive cross arm test left, positive impingement test left, decreased range of motion bilaterally. The patient is currently prescribed Voltaren patches, Fexmid, and Gabapentin. Diagnostic imaging was not included. Per 12/22/14 progress note patient is advised to remain temporarily totally disabled for 6 weeks. ODG Guidelines, Knee and Leg chapter, under Ultrasound Diagnostic states: Recommended as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. In addition to MR, sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. In regards to the request for an ultrasound to resolve the underlying knee pathology, the request appears reasonable. Progress reports provided do not indicate that this patient has had any ultrasounds of the knee to date. The utilization of an ultrasound device to image this patient's knee complaint could provide information to better improve this patient's course of care and clinical outcome. Therefore, the request IS medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

Decision rationale: The patient is a 51 year old male who presents with constant numbness and tingling in the left upper extremity especially at night, with associated grip loss and dropping of items from the left hand. Patient also complains of bilateral knee pain, especially in the posterior portion of the right knee. The patient's date of injury is 05/12/07. Patient has no documented surgical history directed at this complaint. The request is for MRI OF THE LUMBAR SPINE. The RFA is dated 12/22/14. Physical examination dated 12/22/14 reveals tenderness to palpation

over the medial joint line, peripatellar region, and popliteal fossa of the bilateral knees - right greater than left. Bilateral wrist examination reveals tenderness to palpation over the bilateral flexor and extensor tendons, right greater than left. Examination of bilateral shoulders reveals tenderness to palpation over the supraspinatus tendons, subacromial region, acromioclavicular joint and trapezius muscles left greater than right. Shoulder exam also reveals positive cross arm test left, positive impingement test left, decreased range of motion bilaterally. The patient is currently prescribed Voltaren patches, Fexmid, and Gabapentin. Diagnostic imaging was not included. Per 12/22/14 progress note patient is advised to remain temporarily totally disabled for 6 weeks. ACOEM Guidelines, chapter 8, page 177 and 178, state Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRIs are indicated only if there has been progression of neurologic deficit. In regards to the request for an MRI of the lumbar spine, treater has not provided unequivocal evidence of neurological findings to support such imaging. While progress note dated 12/22/14 does not include lumbar spine examination, the previous encounter dated 11/11/14 does. The progress note states: "Tenderness to palpation is present over the paravertebral musculature. Paraspinal guarding is present. Straight leg test elicits increased low back pain without radicular symptoms." No other objective or subjective findings of neurological deficit or compromise are included the requested imaging is not supported by guidelines without such findings. Therefore, the request IS NOT medically necessary.