

<b>Case Number:</b>	CM15-0029935		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	08/27/2004
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 58 year old female who sustained an industrial injury on 8/27/04. She currently complains of neck and low back pain. Of note she had a myocardial infarction on 9/21/14. Medications include Norco, Xanax, Duexis, Ambien and Soma. Her activities of daily living were compromised due to pain. Diagnoses include cervical spine sprain/ strain; multilevel disc bulge at L4-5, L5-S1; status post excision of volar ganglion cyst left wrist (12/21/04); status post left (1/23/08) and right carpal tunnel (5/29/09) release; status post left shoulder arthroscopy (4/28/11); status post fasciotomy, left hand (9/12/13); lumbar spine sprain/ strain at L4-5 and L5-S1. Diagnostics include computed tomography of the cervical spine (3/18/09); Lumbar MRI (8/10/09); lumbar computed tomography (8/9/09). In the progress note date 1/12/15 the treating physician requested aquatic therapy/ exercises and Tramadol because of the current complaints. On 2/3/15 Utilization Review non-certified the requests for Aquatic therapy/ exercises re-evaluation 1 time per week for 6 weeks to lumbar spine; Tramadol # 120 citing MTUS: Chronic Pain Medical treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy/exercises re-evaluation once a week for six weeks for the lumbar spine:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy and Other Medical Treatment Guidelines MD Guidelines, Aquatic Therapy.

**Decision rationale:** California MTUS guidelines state that "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity". MD Guidelines similarly states, "If the patient has sub-acute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of sub-acute or chronic LBP". Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted". At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The medical documents provided do indicate any concerns that patient was extremely obese. However, the medical records do not indicate that objective findings of functional improvement from the initial trial of aquatic therapy, which is needed to extend and continue additional therapy. In fact, the patient did not attend the previous authorized sessions. As such, the current request Aquatic therapy/exercises re-evaluation once a week for six weeks for the lumbar spine is not medically necessary at this time.

**Tramadol, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram<sup>®</sup> ½).

**Decision rationale:** Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/

acetaminophen.” The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. Also there is not dose requested. As such, the request for tramadol #120 is not medically necessary.