

Case Number:	CM15-0217703		
Date Assigned:	11/09/2015	Date of Injury:	02/14/2005
Decision Date:	12/24/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	11/05/2015

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 57 year old male, who sustained an industrial injury on 2-14-2005. The injured worker was diagnosed as having status post cervical-cranial fusion. Treatment to date has included diagnostics, cervical spinal surgeries (2005 and 2007), physical therapy, and medications. On 9-08-2015, the injured worker complains of cervical spine pain and stiffness, along with swelling in his bilateral lower extremities. Additional cervical spine surgery was reported after fall, noting that the injured worker was unsure of the date and physician. It was not clear even an approximate date of this surgery. Exam noted "severe" decrease in range of motion of the cervical spine and tenderness to palpation of the cervical spine. "Marked" hyper-reflexes were noted to bilateral upper extremities. One plus edema was noted in the left leg and three plus edema was noted in the right leg. A "severe altered gait" was noted. His current medication regimen was not noted. His work status was permanent and stationary. Medical records since 3-2013 were not submitted. He was advised to follow-up with his primary care physician regarding his lower extremity edema. He was prescribed Ultram for pain. He was prescribed a walker due to his altered gait. The treating provider noted that records were needed for review from 3-2013 through 9-2015. X-ray of the cervical spine (9-08-2015) noted an impression of extensive vertebral and occipital vertebral fusion, intact hardware, and no post-surgical complications. On 10-01-2015 Utilization Review non-certified a request for Ultram 50mg #60, one 4 wheel seated walker-rollator, and one x-ray of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #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, criteria for use, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: Based on the 09/08/15 progress report provided by treating physician, the patient presents with cervical spine pain and stiffness, along with swelling in his bilateral lower extremities. The patient is status post cervical spine fusion in February 2004, and additional cervical spine surgery on unspecified date. The request is for ULTRAM 50 MG #60. Patient's diagnosis per Request for Authorization form dated 09/24/15 includes status post cervical/cranial fusion. Physical examination on 09/08/15 revealed tenderness to palpation to the cervical and thoracic spines, severely decrease in range of motion of the cervical spine; and marked hyper-reflexes noted to the bilateral upper extremities. 1+ edema in the left leg and 3+ edema noted in the right leg, as well as severe altered gait. Treatment to date has included surgery, imaging studies, home exercise program and medications. The patient remains permanent and stationary, per 09/08/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS Guidelines page 76 to 78, under the Criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states that "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page113 for Tramadol (Ultram) states: Tramadol (Ultram) 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. Ultram has been included in patient's medications per progress report dated 09/08/15. Medical records between 03/07/13 and 09/08/15 were not provided. It is not known when Ultram was initiated or is being initiated. The patient was prescribed Norco, per 02/05/15 report, which caused nausea. In this case, recommendation for initiating a new opioid cannot be supported as there is no functional and

baseline pain assessment. MTUS states that “functional assessments should be made. Function should include social, physical, psychological, daily and work activities.” There is no mention of current medication use, aim of use, potential benefits and side effects. The 4A's have not been addressed, either. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

One (1) 4 wheel seated walker/rollator: 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), Knee and Leg Chapter, Walking Aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, under Wheelchair.

Decision rationale: Based on the 09/08/15 progress report provided by treating physician, the patient presents with cervical spine pain and stiffness, along with swelling in his bilateral lower extremities. The patient is status post cervical spine fusion in February 2004, and additional cervical spine surgery on unspecified date. The request is for ONE (1) 4 WHEEL SEATED WALKER/ROLLATOR. Patient's diagnosis per Request for Authorization form dated 09/24/15 includes status post cervical/cranial fusion. Treatment to date has included surgery, imaging studies, home exercise program and medications. The patient remains permanent and stationary, per 09/08/15 report. ODG Knee and Leg chapter, under Wheelchair has the following: "Recommend manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. Reclining back option recommended if the patient has a trunk cast or brace, excessive extensor tone of the trunk muscles or a need to rest in a recumbent position two or more times during the day. Elevating leg rest option recommended if the patient has a cast, brace or musculoskeletal condition, which prevents 90-degree flexion of the knee, or has significant edema of the lower extremities. Adjustable height armrest option recommended if the patient has a need for arm height different than that available using non-adjustable arms. A light weight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the patient would be able to self-propel in the lightweight wheelchair." Physical examination on 09/08/15 revealed tenderness to palpation to the cervical and thoracic spines, severely decrease in range of motion of the cervical spine; and marked hyper-reflexes noted to the bilateral upper extremities. 1+ edema in the left leg and 3+ edema noted in the right leg, as well as severely altered gait. Given the patient's lower extremity exam findings and documentation of difficulty with ambulation, this request appears reasonable. Therefore, the request IS medically necessary.

One (1) x-ray of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Based on the 09/08/15 progress report provided by treating physician, the patient presents with cervical spine pain and stiffness, along with swelling in his bilateral lower extremities. The patient is status post cervical spine fusion in February 2004, and additional cervical spine surgery on unspecified date. The request is for ONE (1) X-RAY OF THE CERVICAL SPINE. Patient's diagnosis per Request for Authorization form dated 09/24/15 includes status post cervical/cranial fusion. The patient presents with severely altered gait. Treatment to date has included surgery, imaging studies, home exercise program and medications. The patient remains permanent and stationary, per 09/08/15 report. MTUS/ACOEM Guidelines, Chapter 8, Neck and Upper back Complaints Chapter under Special Studies Section, pages 177 and 178 states: "X-rays: Initial studies may be warranted only when potentially serious underlying conditions are suspected like fracture or neurologic deficit, cancer, infection or tumor. (Bigos, 1999) (Colorado, 2001) Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure." MTUS/ACOEM Chapter 8, table 8-7 on page 179, states: Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. Treater does not discuss the request. Physical examination on 09/08/15 revealed tenderness to palpation to the cervical and thoracic spines, severely decrease in range of motion of the cervical spine; and marked hyper-reflexes noted to the bilateral upper extremities. Medical records include a cervical spine X-ray report dated 09/08/15. It appears this x-ray study was done prior to authorization. However, given the patient's physical exam and neurologic findings, and no indication of cervical spine X-ray done post-operatively; the request appears reasonable. Therefore, the request IS/WAS medically necessary.