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| Case Number: | CM15-0033881 | | |
| Date Assigned: | 02/27/2015 | Date of Injury: | 05/21/2011 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 02/06/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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 64 year old female, who sustained an industrial injury on 5/21/11. On 2/23/15, the injured worker submitted an application for IMR for review of Tramadol 50mg #60, and Cyclo-Tramadol cream, and Chiropractic treatment 3 times a week for 4 weeks. The treating provider has reported the injured worker complained of constant achy neck pain radiating across trapezius and to the upper back. The diagnoses have included cervical sprain/strain; cervicogenic headache; thoracic spine strain/sprain; lumbar sprain/strain; radicular symptoms upper extremity and lower extremity. Treatment to date has included cervical spine MRI 9/28/11; trigger point injections; cervical epidural injection (6/18/12); x-rays cervical, thoracic and lumbar spine (11/19/14); TENS unit, and medications. On 2/6/15 Utilization Review MODIFIED Tramadol 50mg #60 for one month, and NON-CERTIFY Cyclo-Tramadol cream, and Chiropractic treatment 3 times a week for 4 weeks. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

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

Decision rationale: This patient presents with neck and low back pain with radicular symptoms. The current request is for TRAMADOL 50MG #60. Request for Authorization (RFA) is dated 11/24/14. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The patient has been utilizing Tramadol since 11/19/14. There is no specific discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Cyclo-Tramadol cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient presents with neck and low back pain with radicular symptoms. The current request is for CYCLO-TRAMADOL CREAM Request for Authorization (RFA) is dated 11/24/14. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Furthermore, Tramadol has not been tested for transdermal use. This topical compound medication IS NOT medically necessary.

Chiropractic treatment 3 times a week for 4 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: This patient presents with neck and low back pain with radicular symptoms. The current request is for CHIROPRACTIC TREATMENT 3 TIMES PER WEEK FOR 4 WEEKS. Request for Authorization (RFA) is dated 11/24/14. Regarding Chiropractic, MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." The Utilization review denied the request stating that there was no clear documentation of objective improvement with previous treatment. Request for Authorization (RFA) is dated 11/24/14. Progress report dated 11/19/14 requests "new" request for chiropractic therapy 3x4. This is an initial request for Chiropractic visits. Given the patient complaints of pain an initial trial of 12 visits are supported by MTUS. This request IS medically necessary.