

Case Number:	CM15-0036796		
Date Assigned:	03/05/2015	Date of Injury:	05/02/2013
Decision Date:	04/16/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/26/2015

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 40 year old male, who sustained an industrial injury on May 2, 2013. The diagnoses have included headache-cephalgia, cervicgia, cervical pain, lumbago lumbar spine poss. Disc bulge and neurotic disorders. Treatment to date has included urine drug screening, and oral pain medications. Currently, the injured worker complains of neck and lumbar pain. In a progress note dated January 28, 2015, the treating provider reports examination of the cervical spine revealed decreased range of motion, and cervical compression caused pain and positive foraminal compression on the left, the lumbar spine had decreased range of motion. On February 19, 2015 Utilization Review non-certified a home exercise kit for cervical spine, physical therapy (frequency and duration not specified) and Tramadol ER 100mg quantity 45, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit for cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter on Shoulder Kits.

Decision rationale: The patient presents with neck and lumbar pain rated 7-8/10. The request is for HOME EXERCISE KIT FOR CERVICAL SPINE. The RFA is not provided. Patient's diagnosis included headache-cephalgia, cervicgia, cervical pain, lumbago, disc bulge, and neurotic disorders. Patient is to return to modified duty. Exercise is recommended on MTUS, ACOEM, and ODG Guidelines under Shoulder Chapter on Shoulder Kits section states "Recommended. See Exercises, where home exercise programs are recommended; & Physical therapy, where active self-directed home physical therapy is recommended. In this RCT a specific shoulder home exercise program resulted in 69% good outcomes versus 24% in the sham exercise group, and 20% of patients in the specific exercise group subsequently chose to undergo surgery versus 63% in the control group. (Holmgren, 2012)." ODG Guidelines do not address cervical home exercise kit. The patient does present with neck pain. Although the 'exercise kit' is not duly needed, given the strong support for exercise in general, and a specific recommendation for exercise kit found under shoulder chapter, the current request appears reasonable. ODG guidelines show significantly better outcomes with the kit than with a sham and less of the people with the kits needed to have surgery. But this refers to the shoulder section. Unlike the shoulder, neck exercises do not typically do not require any equipments. In this case, while exercise is important, the treater does not discuss what this exercise kit contains. Without a description of what is contained in this "kit," one cannot determine it's usefulness. The request IS NOT medically necessary.

Tramadol ER 100mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

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 presents with neck and lumbar pain rated 7-8/10. The request is for TRAMADOL ER 100MG #45. The RFA is not provided. Patient's diagnosis included headache-cephalgia, cervicgia, cervical pain, lumbago, disc bulge, and neurotic disorders. Patient is to return to modified duty. 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. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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. The prescription for Tramadol was first noted in the progress report dated 06/26/14 and patient has been taking it consistently at least since then. The most recent UDS administered on 12/17/14

was consistent with the prescribed medications. MTUS guidelines however require appropriate discussion of the 4A's for continued use of Opioids. In this case, there are no pain scales or validated instruments that address analgesia, no discussions regarding baseline pain, functional assessment, adverse reactions, aberrant drug behavior, ADLs, opioid pain agreement, or CURES reports. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.