

Case Number:	CM15-0059801		
Date Assigned:	04/06/2015	Date of Injury:	07/31/2011
Decision Date:	05/05/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 79-year-old female, who sustained an industrial injury on 7/31/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical and lumbar strain/sprain, cervical radiculitis, lumbosacral or thoracic neuritis or radiculitis, unspecified, myofascial pain, and bilateral carpal tunnel syndrome. Treatment to date has included medications, ultrasound treatment, acupuncture, home exercise program, and transcutaneous electrical nerve stimulation unit. Currently, the injured worker complains of increased low back pain, rated 8/10, and neck pain, rated 5/10. She reported recent right ankle pain as contributing to increased pain and reported good benefit with ultrasound therapy for relaxation of pain. The treatment plan included continuance of home exercise program / transcutaneous electrical nerve stimulation unit (as adjunct to pain), continuance of heat therapy, ultrasound treatment to upper or lower back as needed, Lidopro ointment for nerve pain, and Tramadol 50mg three times daily for moderate to severe pain. A prior progress report, dated 1/13/2015, noted pain level at 7/10, and current medication use included Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) continuance of HEP/TENS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines Exercise, TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The claimant had used the TENS for unknown length of time and is only recommended for a 1 month trial. Although Home exercise is appropriate, the request for a TENS unit is not medically necessary.

Tramadol 50 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids/Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with pain, the claimant had been on Tramadol for several months. Long-term use is not indicated. The claimant's pain was stable and no indication of improved function. There was no mention of Tylenol failure. Continued use of Tramadol is not medically necessary.