

<b>Case Number:</b>	CM15-0081253		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 9/10/13. He reported onset of sudden back pain. The injured worker was diagnosed as having lumbar strain. Treatment to date has included physical therapy, steroid injection, nerve conduction study, MRI and medication. Currently, the injured worker complains of low back, knees and shoulders bilaterally and thoracic region, pain. The injured worker rates his pain 3-8/10. The injured worker is currently diagnosed with neural encroachment bilaterally at L4-L5 with radiculopathy, facet osteoarthropathy at L5 and S1 thoracic myofascial pain, left knee pain, left shoulder pain and cervical pain with upper extremity symptoms. His work status is currently temporarily partially disabled with no prolonged standing or walking, no repetitive or prolonged bending/stooping and no lifting greater than 10 pounds. An examination dated 4/20/15 reveals tenderness in the lumbar spine and decreased range of motion. A note dated 4/7/14 states the injured worker experiences a decrease in pain with the medication. An examination dated 3/19/15 reveals diffuse cervical spine tenderness with full range of motion noted, there is also tenderness noted in the trapezius muscles bilaterally. A note dated 9/10/13 states the injured worker experienced a 70% decrease in radicular pain from the epidural steroid injection and the ability to engage in activities of daily living with medications. The injured worker is scheduled to have surgery and the following have been requested Tramadol 50 mg #60 and physical therapy 12 sessions (3 times a week for 4 weeks) for lumbar spine, post-operatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 113, 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, p6-7 Page(s): 6-7.

**Decision rationale:** The claimant sustained a work injury in September 2013 and continues to be treated for radiating low back pain. When seen, a lumbar decompression at L4-5 was being planned. Cardiology clearance was pending. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 20 mg per day and cyclobenzaprine without side effects. There was decreased lumbar spine range of motion with tenderness and positive left straight leg raising. Authorization for 12 physical therapy treatment sessions and tramadol 50 mg for the postoperative care of the claimant was requested. Guidelines state that the medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. In this case, prescribing tramadol for post-operative pain prior to the surgical procedure actually being performed is not appropriate and is not medically necessary.

**Post-op physical therapy 3 times a week for 4 weeks for lumbar spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The claimant sustained a work injury in September 2013 and continues to be treated for radiating low back pain. When seen, a lumbar decompression at L4-5 was being planned. Cardiology clearance was pending. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 20 mg per day and cyclobenzaprine without side effects. There was decreased lumbar spine range of motion with tenderness and positive left straight leg raising. Authorization for 12 physical therapy treatment sessions and tramadol 50 mg for the postoperative care of the claimant was requested. Guidelines address the role of therapy after a lumbar discectomy with a postsurgical physical medicine treatment period of 6 months and up to 16 physical therapy visits over 8 weeks. In this case, the number of visits requested is within the guideline recommendation and is medically necessary.