

Case Number:	CM14-0138339		
Date Assigned:	09/05/2014	Date of Injury:	10/01/2013
Decision Date:	10/09/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35-year-old female who reported an injury on 10/01/2013 caused by an unspecified mechanism. The injured worker's treatment history included functional capacity evaluation, medications, physical therapy, and MRI studies. The injured worker was evaluated on 07/16/2014 and it was documented that the injured worker complained of upper back pain, bilateral arm pain, and shoulder pain. She also complained of pain and numbness in the right wrist/hand. Pain was rated 7/10, back pain was 4/10 to 5/10, right shoulder/arm was 8/10, left shoulder was 3/10 to 4/10, right wrist/hand was 5/10 to 6/10, and her headache was rated at 9/10. Objective findings there was grade 2 to 3 tenderness to palpation over the paraspinal muscles, which had remained the same since her last visit. There was restricted range of motion. Cervical compression test was positive. Thoracic spine there was grade 2 tenderness to palpation over the paraspinal muscles, which had decreased from 2 to 3 on the last visit. There was restricted range of motion. Bilateral shoulders there was a grade 2 to 3 tenderness to palpation over the right shoulder, which had increased from 1 to 2 on the last visit and grade 2 tenderness to palpation of the left shoulder, which had decreased from 2 to 3 on the last visit. There was restricted range of motion. Bilateral arms there was grade 2 to 3 tenderness to palpation over the right arm, which had increased from 1 to 2 on the last visit and grade 2 tenderness to palpation over the left arm, which had decreased from grade 2 to 3 on the last visit. Right wrist there was grade 2 to 3 tenderness to palpation. Right hand there was grade 2 to 3 tenderness to palpation which remained the same since her last visit. The injured worker states physical therapy helped decrease her pain and tenderness. Diagnoses included cervical spine musculoligamentous sprain/strain with radiculitis, rule out cervical spine discogenic disease, thoracic spine musculoligamentous sprain/strain, bilateral shoulder sprain/strain, right upper extremity pain, depression, situational, and sleep disturbance secondary to pain. Medications included tramadol

and topical compound medication. It was documented the injured worker had completed 17 sessions of physical therapy. However, outcome measurements were not submitted for this review. A urine drug screen was done on 03/12/2014 that was negative for tramadol. Request for Authorization dated 07/16/2014 was for physical therapy, tramadol, and topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99..

Decision rationale: The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include 17 physical therapy with improvement. However, the provider failed to indicate long-term functional goals and outcome measurements. In addition, the request failed to indicate location where therapy is required. The request exceeds recommended amount of visits per the guideline. Given the above, the request for 12 physical therapy is not medically necessary.

Tramadol 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78..

Decision rationale: The request for Tramadol 50 mg # 30 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. The injured worker had a urine drug screen on 03/12/2014 that was negative for Tramadol. As such, the request is not medically necessary.

Unknown prescription of topical medications: Upheld

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 Topical Analgesics Page(s): 111-113..

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Non-steroidal ant inflammatory agents (NSAIDs) efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request lacked frequency, duration and unknown topical medication. The request for unknown prescription of topical medications is not medically necessary.