

Case Number:	CM14-0210348		
Date Assigned:	12/23/2014	Date of Injury:	09/13/2011
Decision Date:	03/05/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 36-year-old female, with a reported date of injury of 09/13/2011. The results of the injury were neck pain, mid-back pain, low back pain, and bilateral shoulder pain. The current diagnoses include cervical spine sprain/strain, cervical degenerative disc disease, thoracic spine sprain/strain, lumbar degenerative disc disease, and bilateral shoulders. The past diagnoses include right shoulder sprain/strain, cervical spine sprain/strain, thoracic spine sprain/strain, and lumbar spine sprain/strain. Treatments have included electromyography/nerve conduction velocity (EMG/NCV) of the bilateral lower extremities on 12/12/2014, which showed moderate prolongation of the left peroneal motor latency across the ankle with normal sensory latency, mild slowing of the left tibial conduction velocity across the leg, mild evidence of right S1 and L4 radiculopathy, and mild evidence of left L4, L5, and S1 radiculopathy; trigger point injections of the cervical spine, chiropractic care of the lumbar spine and bilateral shoulders, physical therapy for the lumbar spine and bilateral shoulders, acupuncture for the bilateral shoulders; Ultram; Ibuprofen; and Ultracet. The progress report (PR-2) dated 10/20/2014 indicates that the subjective complaints included cervical spine pain, which was rated 6-7 out of 10, thoracic spine pain, rated 4 out of 10, lumbar spine pain, rated 8 out of 10, and bilateral shoulder pain, rated 7 out of 10. It was noted that the injured worker completed 9 acupuncture sessions, 18 chiropractic sessions, and 22 physical therapy sessions. The injured worker was temporarily totally disabled for six (6) weeks. The rationale for the request was not indicated by the treating physician. On 11/10/2014, Utilization Review (UR) denied the retrospective request for Marlido Kit (Marcaine, Lidocaine, Providone iodine)

#1 (date of service: 07/30/2014), and modified the retrospective request for Tramadol HCL 50mg #30 (date of service: 05/05/2014 for a weaning process. The UR physician noted that there was no documentation of symptomatic or functional improvement from the previous usage, no documentation of failed trials of first-line opiates, and no documentation that the injured worker failed a first-line therapy of antidepressants or anticonvulsants and intolerance to the medications. The Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol HCL 50mg #60, DOS: 5/5/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation - Medications for acute pain (analgesics), Tramadol (Ultram)

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for Retrospective Tramadol HCL 50mg #60, DOS: 5/5/14 is not medically necessary.

Retrospective Marlido kit #1, DOS: 7/30/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back and Shoulder, Injections

Decision rationale: A Marlido kit contains the below according to a medical supply web site spectrum.1 Marcaine 0.5% Single Dose Vial (10mL)1 Lidocaine HCl Injection, USP 2% Single Dose Ampule (2mL)1 Povidone-Iodine Swabsticks (3 Swabs)1 Pair Nitrile Powder Free Sterile Gloves (Size 7.5)1 Spot Adhesive Bandage Non Sterile 4X4 Gauze. The treating physician does not detail what the Marlido kit was utilized for in the patient's treatment. The treating physician

does not detail the location (Back or Shoulder) of the injection or the type of injection the kit was utilized for in the patient's treatment. As such, the request for is not medically necessary.