

Case Number:	CM14-0215682		
Date Assigned:	01/21/2015	Date of Injury:	06/28/2001
Decision Date:	02/24/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 57-year-old woman with a date of injury of June 28, 2001. The mechanism of injury was not documented in the medical record. The injured workers working diagnoses are cervical/trapezial musculoligamentous sprain/strain with left upper extremity radiculitis; status post left knee arthroscopy performed on August 13, 2002 with residual patellofemoral arthralgia; status post right carpal tunnel release with posterior interosseous nerve neurotomy performed on July 5, 2002; complex regional pain syndrome; and bilateral wrist tendinitis. Pursuant to the progress note dated November 11, 2014, the IW complains of neck and trapezial pain with spasms. Pain is rated 7-8/10 on the pain scale. She currently takes Norco for pain and Fexmid 7.5mg for spasms. Objective findings revealed tenderness to palpation with muscle spasms over the bilateral paravertebral musculature, upper trapezius muscle and levator scapula. The treatment plan indicates the IW will stop Norco and start Tramadol for pain. The IW has been taking Norco and Fexmid since February 24, 2014, according to a progress note with the same date. There were no detailed pain assessments for risk assessments in the medical record. There was no evidence of objective functional improvement associated with the ongoing use of narcotics. The treating physician did not provide a clinical rationale for the change the pain medication regimen. The current request is for (1) TheraCane, and Ultram ER 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theracane: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Section, Massage Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, one Theracane is not medically necessary. Theracane is a self-massage tool for deep pressure massage at home. The guidelines indicate massage therapy may be recommended, but there is a lack of long-term benefits. The guidelines further indicate a very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndrome. In this case, the injured workers working diagnoses are cervical/trapezial musculoligamentous sprain/strain with left upper extremity radiculitis; status post left knee arthroscopy performed on August 13, 2002 with residual patellofemoral arthralgia; status post right carpal tunnel release with posterior interosseous nerve neurotomy performed on July 5, 2002; complex regional pain syndrome; and bilateral wrist tendinitis. Theracane is a self-massage tool for deep pressure massage at home. The guidelines indicate massage therapy may be recommended but there is a lack of long-term benefits. The documentation does not contain a clinical indication or rationale for the Theracane. Consequently, absent clinical documentation with a clinical indication/rationale, Theracane is not medically necessary.

Ultram ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram ER 150 mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured workers will working diagnoses are cervical/trapezial musculoligamentous sprain/strain with left upper extremity radiculitis; status post left knee arthroscopy performed on August 13, 2002 with residual patellofemoral arthralgia; status post right carpal tunnel release with posterior interosseous nerve neurotomy performed on July 5, 2002; complex regional pain syndrome; and bilateral wrist tendinitis. The November 11, 2014 progress note indicates the injured worker is taking Norco for pain and Fexmid for spasm. The VAS score was 7 - 8/10 by using Norco. The

treating physician discontinued Norco and started tramadol (Ultram). There was no clinical indication or rationale for the opiate change. There was no documentation of objective functional improvement. There were no detailed pain assessments in the record. Consequently, absent clinical documentation to support Tramadol use after unsuccessful long-term Norco use without documentation of objective functional improvement (VAS scores 7-8/10) and pain assessments, Ultram (Tramadol) ER 150 mg #30 are not medically necessary.