

Case Number:	CM15-0014970		
Date Assigned:	02/02/2015	Date of Injury:	12/12/2009
Decision Date:	05/28/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old male, who sustained an industrial injury on 12/12/2009. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications (currently naproxen for inflammation, tramadol ER for chronic pain, and Flexeril for acute flare-up of muscle spasms), psychiatric/psychology evaluation/treatments, and 6 sessions of physical therapy for the low back. Currently, the injured worker reports improving low back pain and worsening right ankle pain. The injured worker reported that his first 6 sessions of physical therapy (with the use of electrical stimulation) were beneficial in helping reduce pain. The diagnoses include chronic pain syndrome, right ankle pain, status post right ankle fracture, low back pain, possible lumbar discogenic pain, possible lumbar radiculitis, numbness, bilateral shoulder pain, history of fractured ribs, and headaches. The treatment plan consisted of 6 sessions of physical therapy for the low back, TENS (Transcutaneous Electrical Nerve Stimulation) unit (30 day home trial), orthopedic consultation for the right ankle, and medications (including tramadol ER and Motrin).

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The 37 year old patient complains of aching in head, shoulders, low back, right hip and knees, rated at 7/10 without medications and 5/10 with medications, as per progress report dated 12/31/14. The request is for 6 sessions of physical therapy for the low back. There is no RFA for the case, and the patient's date of injury is 12/12/09. Diagnoses, as per progress report dated 12/31/14, included chronic pain syndrome, right ankle pain, low back pain, possible lumbar discogenic pain, possible lumbar radiculitis, numbness, bilateral shoulder pain, and headaches. Medications included Tramadol, Cyclobenzaprine and Naproxen, as per the same progress report. The patient is status post left knee surgery in 2010, status post right knee surgery in 2011, status post low back injections, and status post bilateral shoulder injections, as per progress report dated 10/31/14. The patient is not working, as per progress report dated 12/31/14. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has already completed six sessions of physical therapy and "found it very helpful in providing pain relief. He is learning how to properly use his muscles and feels like he is getting stronger," as per progress report dated 12/31/14. The treater is, therefore, requesting for 6 additional sessions. The treater, however, does not explain why the patient is unable to transition in to a home exercise program. This injury dates back to 2009 and the patient likely has had multiple therapy sessions. MTUS allows 8-10 sessions of therapy for this type of condition and the request exceeds this when combined with what was already done. Hence, the request is not medically necessary.

Tramadol ER 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The 37 year old patient complains of aching in head, shoulders, low back, right hip and knees, rated at 7/10 without medications and 5/10 with medications, as per progress report dated 12/31/14. The request is for Tramadol ER 150 mg # 60. There is no RFA for the case, and the patient's date of injury is 12/12/09. Diagnoses, as per progress report dated 12/31/14, included chronic pain syndrome, right ankle pain, low back pain, possible lumbar discogenic pain, possible lumbar radiculitis, numbness, bilateral shoulder pain, and headaches. Medications included Tramadol, Cyclobenzaprine and Naproxen, as per the same progress report. The patient is status post left knee surgery in 2010, status post right knee surgery in 2011, status post low back injections, and status post bilateral shoulder injections, as per progress report dated 10/31/14. The patient is not working, as per progress report dated 12/31/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should

be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the patient has been receiving Tramadol along with Norco since 10/31/14. Prior reports document the use of only Norco. In progress report dated 08/12/14, the treater states that the patient has obtained "meaningful improvement" in pain and function due to Norco. There are no side effects, and the patient is at low risk of dependence as per Opiate Risk Tool. However, in progress report dated 12/31/14, the treater states that the patient's Norco has been discontinued "due to two opioid treatment agreement violations." As a result, the patient was depressed and was unable to go to the gym. He, nonetheless, continued to receive Tramadol and underwent an urine toxicology screening which was consistent with its use. In progress report dated 01/28/15, after the UR denial date, the treater states that "Tramadol is not an opioid. It is recommended for pain relief as well as for neuropathic pain. The patient feels tramadol ER provides enough pain relief to allow him to go back to the gym." It should be noted that Tramadol is a synthetic opioid, schedule IV drug with low potential for abuse but still considered an opiate. Given that the patient is off of other stronger opiates, and that the Tramadol has been significantly helpful in managing the patient's pain, the request is medically necessary.