

Case Number:	CM15-0111012		
Date Assigned:	06/17/2015	Date of Injury:	02/10/1999
Decision Date:	07/22/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 68-year-old female, who sustained an industrial injury on 02/10/1999. The injured worker is currently permanently totally disabled and permanent and stationary. The injured worker is currently diagnosed as having status post 15 orthopedic surgeries to the shoulders, left knee, fingers, right foot, right carpal tunnel, and right elbow, probably anxiety and depression, insomnia, cognitive difficulties, cephalgia and dizziness, cervical radiculopathy, thoracic radiculopathy, lumbar radiculopathy, epigastric burning pain, chest pressure with claudication, weight loss of 40 pounds, and uncontrolled hypertension. Treatment and diagnostics to date has included multiple orthopedic surgeries, physiotherapy, pool therapy, and topical ointments and Norco that provide partial benefit. In a progress note dated 01/26/2015, the injured worker presented with complaints of increased bilateral hand pain. Objective findings include swelling of distal joints of both hands with tenderness, craniocervical and occipital tenderness, severe spasm and tenderness at the cervical and intrascapular regions, and shoulder and wrist tenderness. The treating physician reported requesting authorization for Tramadol and physical therapy for the lumbar spine. The medication list include Norco and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

Decision rationale: Tramadol 150 MG #60. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e. g. , Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. "Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The injured worker is currently diagnosed as having status post 15 orthopedic surgeries to the shoulders, left knee, fingers, right foot, right carpal tunnel, and right elbow, probably anxiety and depression, insomnia, cognitive difficulties, cephalgia and dizziness, cervical radiculopathy, thoracic radiculopathy, lumbar radiculopathy, epigastric burning pain, chest pressure with claudication, weight loss of 40 pounds, and uncontrolled hypertension. In a progress note dated 01/26/2015, the injured worker presented with complaints of increased bilateral hand pain. Objective findings include swelling of distal joints of both hands with tenderness, craniocervical and occipital tenderness, severe spasm and tenderness at the cervical and intrascapular regions, and shoulder and wrist tenderness. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 150 MG #60 is deemed as medically appropriate and necessary.

Physical Therapy 3x4 Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: Physical Therapy 3x4 Lumbar. Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic. " In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. "Patient has received an unspecified number

of PT visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The request for Physical Therapy 3x4 Lumbar is not medically necessary for this patient.