

Case Number:	CM15-0115066		
Date Assigned:	06/23/2015	Date of Injury:	11/21/2014
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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: North Carolina

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:

This 57-year-old male sustained an industrial injury to the neck, back and right ankle on 11/21/14. Previous treatment included magnetic resonance imaging, acupuncture and medications. Magnetic resonance imaging showed multilevel disc pathology with neural abutment. In a PR-2 dated 2/11/15, the injured worker's blood pressure was 170/100. In a PR-2 dated 5/14/15, the injured worker complained of pain to the cervical spine, lumbar spine, thoracic spine, right ankle and right foots as well as headaches associated with blurry vision. Physical exam was remarkable for cervical spine with tenderness to palpation to the bilateral paraspinal musculature with spasms, spasms to the bilateral suboccipital and upper shoulder muscles, positive axial compression, distraction and shoulder depression tests bilaterally, thoracic spine with tenderness to palpation and spasms, lumbar spine with tenderness to palpation, spasms, positive Kemp's and Yeoman's tests and decreased left patellar reflex and tenderness to palpation with spasms to the right ankle with minimal swelling and positive Varus test. Current diagnoses included cervical, thoracic and lumbar disc herniation without myelopathy, post concussion syndrome and right ankle sprain/strain. The treatment plan included x-ray of the right ankle, six additional sessions of acupuncture, prescriptions for Tramadol and topical compound creams and electromyography/nerve conduction velocity test bilateral upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol mg 1 tab PO BID #60 with 1 refill RX 5/14/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)(d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Follow-visit with range of motion measurement and addressing ADL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, range of motion.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that range of motion exercises should be part of the normal physical examination that is included in the assessment of the patient. There is no need for formal range of motion exercises outside of the physical exam. Therefore, the request is not medically necessary as the provided clinical documentation does not provided sufficient reason to override the ODG.