

Case Number:	CM15-0126306		
Date Assigned:	07/10/2015	Date of Injury:	07/30/2013
Decision Date:	09/23/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/30/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 is a 67 year old female who sustained an industrial injury on 07/30/2013. Current diagnoses include right hand pain (chronic tenosynovitis), osteoarthritis of the right hand, and left hand pain. Previous treatments included medications, physical therapy, surgical interventions, and home exercise and stretching. Previous diagnostic studies include brain MR and electrodiagnostic testing. Initial injuries occurred due to cumulative trauma to both hands. Report dated 06/02/2015 noted that the injured worker presented with complaints that included pain in both hands and wrists. The injured worker noted that medications help with pain and that she did well with pool therapy program. Pain level was 4 out of 10 on a visual analog scale (VAS). Physical examination was positive for slight limited range of motion of her upper extremities in the wrists and hands, tenderness over the hypothenar region of the right and left hand and the mid-palmar region of the right hand, positive Tinel's, and decreased strength. The physician did not that the injured worker was morbidly obese. The treatment plan included continuing Ultram ER for pain, Mobic for inflammation, daily exercise and stretching program, and request for pool therapy. Currently the injured worker is not working. medical records submitted included an initial physical therapy evaluation dated 04/09/2015, but no subsequent progress notes were submitted for review. Disputed treatments include Ultram ER, Mobic, and pool therapy, one on one for 10 visits, then community pool program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram; Ultram ER) Page(s): 93-94; 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Weaning of Medications, Opioids specific drug list Page(s): 1, 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management, and a reduction in the dependency on continued medical treatment." Although the injured worker stated that medications as a group have helped with pain, there was no documentation of definite return to work or decrease in work restrictions, no specific improvement in activities of daily living as a result of use of Ultram ER. The medical records submitted for review does not include the above recommended documentation. There were no functional improvements noted with the use of the medications. Also, the treating physician's request did not include directions for use with this medication. As such, the prescription is not sufficient and not medically necessary. Therefore the request for Ultram ER is not medically necessary.

Mobic 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI Symptoms & Cardiovascular risk, NSAIDs, hypertension and renal function, and NSAIDs, specific drug list & adverse side effects Page(s): 1, 67-72.

Decision rationale: The California MTUS chronic pain medical treatment guidelines have specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAID). "They are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Also per the MTUS NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen. Meloxicam (Mobic) is used to treat osteoarthritis." Documentation supports that the injured

worker has a diagnosis of osteoarthritis of the right hand. The medical records submitted indicate that the injured worker has been prescribe Mobic long-term, which is not supported by the MTUS. Also there was no documentation to support functional improvement with the use of this medication. Per the MTUS, "functional improvement means decrease in work restrictions or improvement in activities of daily living (ADLs) plus decreased dependence on medical treatment." Also, the treating physician's request did not include directions for use with this medication. As such, the prescription is not sufficient and not medically necessary. Therefore the request for Mobic 15mg, #30 is not medically necessary.

Pool therapy-one on one for 10 visits, then community pool program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medical Guidelines Page(s): 22; 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for aquatic therapy, "Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is especially recommended where reduced weight bearing is desirable, for example extreme obesity." The requesting physician noted that the injured worker was morbidly obese, but there was no weight or body mass index (BMI) included for review to confirm morbid obesity. The documentation submitted did not indicate why the injured worker cannot tolerate a land based physical therapy program. Also the prescription for pool therapy did not include the specific body parts the pool therapy was indicated for. Furthermore it was documented that the injured worker has already attended pool therapy, but the number of visits she completed and the progress made with the pool therapy was not included for review. Therefore the request for pool therapy, one on one for 10 visits, then community pool program is not medically necessary.