

Case Number:	CM15-0143968		
Date Assigned:	09/01/2015	Date of Injury:	05/21/2015
Decision Date:	10/06/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/24/2015

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, Hawaii

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 60-year-old female who sustained an industrial injury on 06-12-2014. There was no mechanism of injury documented. The injured worker was diagnosed with cervical musculoligamentous sprain and strain, thoracic musculoligamentous sprain and strain and lumbosacral musculoligamentous sprain and strain. Treatment to date has included diagnostic testing, conservative measures, physical therapy and medications. According to the primary treating physician's progress report on May 21, 2015, the injured worker continues to experience neck, mid-upper and low back pain. The injured worker rated her neck pain at 7 out of 10 on the pain scale, mid-upper region and lower back pain at 8 out of 10 on the pain scale. The injured worker reported that physical therapy had improved her activities of daily living, endurance and pain by 10%. Examination of the cervical spine demonstrated 2 plus tenderness to palpation over the paraspinal muscles with spasm, positive trigger points and restricted range of motion. The thoracic spine was tender to palpation with trigger points present. The lumbar spine examination demonstrated 2 plus tenderness to palpation with spasm and restricted range of motion. Trigger points were noted. Straight leg raise was positive bilaterally. The injured worker was placed on temporary partial disability with restrictions. According to the primary treating physician's report on June 25, 2015, the objective findings were related back to the May 21, 2015 office visit documenting tenderness to palpation of the paraspinal muscles and no neurovascular changes. There was no documentation of trigger point or spasm. It was also noted that due to personal reasons, the injured worker was unable to attend physical therapy for 4 weeks. Current medication listed was Ultram. A urine drug screening on May 21, 2015 was positive for

Gabapentin. Treatment plan consists of the current request for continued physical therapy times 12 sessions, Ultram and urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134, Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The patient presents with neck, mid/upper/lower back pain. The current request is for 12 Physical Therapy Visits. The treating physician's report dated 05/21/2015 (9C) states, "The patient indicates that her activities of daily living and function have improved by 10% with physical therapy. She indicated that her endurance has increased by 10% with physical therapy. She states that the treatments are helping with her neck and low back." The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The patient is not post-surgical. No physical therapy reports were provided for review. However, the UR letter dated 07/02/2015 (1A) notes that the patient has received 7 physical therapy visits from 03/25/2015 - 05/01/2015. In this case, while the patient reports benefit from physical therapy, the requested 12 sessions would exceed MTUS recommended 8 to 10 sessions. The current request is not medically necessary.

Ultram (Tramadol) 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with neck, mid/upper/lower back pain. The current request is for Ultram (Tramadol) 50 mg #60. The treating physician's report dated 05/21/2015 (9C) notes that the patient rates her neck pain as 7/10 per the VAS scale, 8/10 in the mid/upper back, and 9-10/10 in the lower back. The patient was prescribed Tramadol prior to 05/21/2015. She is on modified duty. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. " MTUS page 78 also requires documentation of the 4As (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. Medical records only show "before" pain scales, no documentation of improvement was noted with the use of Tramadol. The physician does not provide specific examples of ADLs to demonstrate medication efficacy. There are no pain management issues discussed such as CURES report, pain contract, etc. The urine drug screen from 05/21/2015 show inconsistent results to prescribed medications. Additionally, no outcome measures were provided as required by MTUS Guidelines. In this case, the physician does not provide the proper documentation

required by MTUS Guidelines for continued opiate use. The current request is not medically necessary.

Urine Toxicology: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The patient presents with neck, mid/upper/lower back pain. The current request is for Urine Toxicology. The treating physician's report dated 05/21/2015 (9C) states, "Urine toxicology testing is administered for medication monitoring, authorization is requested for same." The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. Medical records show a urine drug screen from 05/21/2015. It appears that this UDS is the request in question. While the physician does not discuss the patient's "risk assessment," ODG Guidelines support once yearly urine drug screen and a follow-up screen for a total of 2 per year. The current request is medically necessary.