

<b>Case Number:</b>	CM15-0172811		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	05/16/2002
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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 61 year old female, who sustained an industrial injury on 5-16-2002. The injured worker was diagnosed as having carpal tunnel syndrome, ankle pain, ankle internal derangement, left total hip replacement, left L5 and S1 radiculopathy with lower extremity weakness, lumbar disc protrusion, lumbar stenosis, low back pain, chronic left knee pain, chronic left hip pain, left shoulder pain, left neck pain. The request for authorization is for: physical therapy, eight treatments to the bilateral hips; Promethazine 25mg #60 with zero refills; Tramadol 50mg #60 with zero refills. The UR dated 8-31-2015: non-certified physical therapy, eight treatments to the bilateral hips; Meds x1, Promethazine 25mg #60 with 0 refills; and Meds x1, Tramadol 50mg #60 with 0 refills. On 4-15-2015, she reported pain to the low back with radiation to the left thigh down to the calf; neck pain, and pain to the left shoulder, left knee and left hip. She reportedly had not bathed in 4 days due to being unable to do this on her own. She reportedly has difficulty performing prolonged activity such as sitting and lying down. Current medications are noted to be Cymbalta, Norco, Norvasc, Naprosyn, Lasix, and Synthroid. Objective findings revealed are obesity, scars on shoulder and knee, tenderness of the low back, left shoulder range of motion restricted, left knee range of motion restricted, lumbar spine range of motion restricted, and positive straight leg raise testing bilaterally. On 6-23-2015, she reported that despite carpal tunnel surgery she has difficulty grabbing pens and writing. She indicated she had weakness and pain along the hand on the right side. She is reported to have had multiple injections to the thumb for triggering. Physical findings revealed tenderness along the left carpal tunnel and positive Tinels, tenderness along the A1 pulley of the left thumb and tenderness in the

trapezium on the left with limited motion and affected grip. On 8-18-2015, she reportedly has difficulty grabbing pens and writing due to weakness and pain in the right hand. She reported dropping things, numbness and tingling with some triggering along the thumb on the right. Physical findings revealed were tenderness in the left carpal tunnel, thumb and trapezium. She reported obtaining a prescription for Tramadol and Promethazine from another physician and was advised to not use this prescription. Prescription was given for: Naproxen, Trazodone, Wellbutrin SR, Norflex, Topamax, and Protonix. The treatment and diagnostic testing to date has included: electrodiagnostic studies (6-30-2015), magnetic resonance imaging of the cervical spine (7-31-2015), medications, multiple injections to the right thumb area, TENS unit, splinting, urine drug screen, and a cane. Surgeries reported: 2 to the right wrist, 2 to the left knee, 2 to the right shoulder, left hip and left ankle (2015).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 8 treatments to the bilateral hips: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with bilateral low back pain radiating to the left lateral thigh, left posterolateral calf, left neck, left shoulder, left knee and left hip pain. The current request is for Physical Therapy 8 treatments to the bilateral hips. The treating physician's report dated 07/15/2015 (177B this report is in multiple pages) does not specifically address this request. However, the physician requested physical therapy for the lumbar spine, cervical spine and shoulders in this treatment report. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The examination from the 07/15/2015 (166) report notes range of motion in the lumbar spine was restricted due to pain. Sustained hip flexion was positive bilaterally. No physical therapy reports were provided for review. In this case, there are no findings in the bilateral hips to substantiate the need for physical therapy. The current request is not medically necessary.

**Promethazine 25 mg, #60 with 0 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, Promethazine-Phenergan.

**Decision rationale:** The patient presents with bilateral low back pain radiating to the left lateral thigh, left posterolateral calf, left neck, left shoulder, left knee and left hip pain. The current request is for Physical Therapy 8 treatments to the bilateral hips. The treating physician's report

dated 07/15/2015 (177B this report is in multiple pages) does not specifically address this request. However, the physician requested physical therapy for the lumbar spine, cervical spine and shoulders in this treatment report. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The examination from the 07/15/2015 (166) report notes range of motion in the lumbar spine was restricted due to pain. Sustained hip flexion was positive bilaterally. No physical therapy reports were provided for review. In this case, there are no findings in the bilateral hips to substantiate the need for physical therapy. The current request is not medically necessary.

**Tramadol 50 mg #60 with 0 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The patient presents with bilateral low back pain radiating to the left lateral thigh, left posterolateral calf, left neck, left shoulder, left knee and left hip pain. The current request is for Tramadol 50mg #60 with 0 refills. The treating physician's report dated 07/15/2015 (177B) states, "The Tramadol meets the MTUS and ODG guidelines as it provided 50% decrease of the patient's pain with 50% improvement of the patient's activities of daily living such as self-care and dressing. The patient's Oswestry Disability Index (ODI) score is 20 (40% disability) with the use of Tramadol, while the patient's Oswestry Disability Index score is 32 (62% disability) without the use of the Tramadol. This meets the "4 A's" of pain medication management. The patient has failed Norco for pain and adjuvants Lyrica and gabapentin. The patient is on an up-to-date pain contract and the patient's previous UDS was consistent. The medication has no adverse effects on the patient. The patient shows no aberrant behavior with this medication." For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. Medical records show that the patient was prescribed Tramadol prior to 06/2015. In this case, the physician has address the 4 A's required by the MTUS Guidelines for continued opiate use. The current request is medically necessary.