

Case Number:	CM15-0176839		
Date Assigned:	09/17/2015	Date of Injury:	11/17/2014
Decision Date:	11/06/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old male who sustained an industrial injury on 11-17-2014. A review of medical records indicated the injured worker is being treated for low back pain, pain in the thoracic spine, and cervicgia. Medical records dated 7-27-2015 noted neck, upper back, mid back, and lower back a 6 out of 10 on average. Medical records rates pain 4 out of 10 on average. Functional limitations were noted as limited. Physical examination dated 7-27-2015 revealed cervical spine revealed full range of motion. There was tenderness to palpation over the bilateral superior trapezius. Lumbar spine revealed range of motion to forward flexion was 60 degrees, extension was 20 degrees, and side bending was 20 degrees on the right and 30 degrees on the left. Treatment has included Diclofenac and Tramadol since at least 5-29-2015. Utilization review dated 8-28-2015 noncertified physical therapy, acupuncture, Voltaren XR 100mg #30, and Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the lumbar thoracic and cervical spine 2 times a week for 5 weeks:

Upheld

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): Manual therapy & manipulation.

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Physical Therapy for the lumbar thoracic and cervical spine 2 times a week for 5 weeks is not medically necessary.

Acupuncture treatment for the cervical, thoracic and lumbar spine 3 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 9 treatments is greater than the number recommended for a trial to determine efficacy. Acupuncture treatment for the cervical, thoracic and lumbar spine 3 times a week for 3 weeks is not medically necessary.

Voltaren XR 100mg # 30, dispensed 7-27-15: 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 Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

Decision rationale: According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Voltaren XR 100mg # 30, dispensed 7-27-15 is not medically necessary.

Tramadol 50mg # 60, dispensed on 7-27-15: Upheld

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 for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Tramadol 50mg # 60, dispensed on 7-27-15 is not medically necessary.