

Case Number:	CM15-0177713		
Date Assigned:	09/28/2015	Date of Injury:	03/12/2015
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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 56 year old male, who sustained an industrial injury on 3-12-2015. The injured worker was diagnosed as having cervical strain, lumbar strain, marked myofascial syndrome, and poor understanding of the underlying condition. Treatment to date has included diagnostics and medications. Currently (8-04-2015), the injured worker complains of chronic back and neck pain, rated 10 out of 10 and present 90-100% of the time (rated 4 out of 10 on 4-27-2015). Subjective impact of the pain was "severe" and he noted no assistance for bathing, dressing, grooming, and home duties. When necessary, he required assistance from his spouse, family members, and friends. He reported no loss of social activity. He reported a past medical history to include anxiety, depression, migraines, arthritis, illicit drug use, and other work injury. His current medications included Norco and Ibuprofen. Physical exam noted a slightly anxious appearance. He arose with difficulty from his chair onto the exam table. Range of motion in the cervical and lumbar spines was "very impaired", noted as perhaps 25% of normal. All movements produced pain and he had marked myofascial spasm in the quadratus and gluteus, with tight hamstrings. He also had tenderness in the trapezius, levator scapulae, and all the paracervical musculature, noting similarly decreased range of motion. His reflexes were normal, straight leg raise testing negative, and sensation entirely intact. His Opioid Risk Tool score placed him in "high risk" category. CAGE-AID score showed positive screening. The Patient Health Questionnaire-9 showed "moderate severe depressive syndrome". The Current Opioid Misuse Measure score was 45, indicating that he may be exhibiting aberrant behaviors associated with misuse of opioid medications. The Controlled Substance Utilization Review & Evaluation System report showed 7 prescribers of controlled substances from 8-04-2014 to 8-04-2015 and "reconciles with the patient's stated medication regimen." He reported that he had not

had physical therapy. It was documented that a review of obtained records showed unclear cancellation of sessions. His work status was total temporary disability. The treatment plan included Tramadol 50mg #60 and physical therapy x12 sessions. On 8-26-2015 Utilization modified Tramadol to 50mg #30 and physical therapy to 3 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, long-term assessment.

Decision rationale: Review indicates the request for Tramadol was modified for weaning. The patient has history of previous injury and illicit drug use, placed in high risk category for opioid use. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol 50mg #60 is not medically necessary and appropriate.

Physical therapy 12 sessions: Upheld

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

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

Decision rationale: Request for PT was modified for independent home exercise program. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 12 sessions is not medically necessary and appropriate.