

Case Number:	CM15-0027697		
Date Assigned:	02/20/2015	Date of Injury:	11/13/2012
Decision Date:	04/03/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/13/2015

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 62 year old female, who sustained an industrial injury on November 13, 2012. She has reported injury to multiple body parts. The diagnoses have included left knee meniscus tear, lumbar spine sprain and strain, degenerative disc disease, spondylosis, left lower extremity radiculopathy. Treatment to date has included medications, epidural steroid injection, radiological imaging, 12 completed physical therapy, 6 completed chiropractic, herbal teas, home exercise program, a cane, 6 completed biofeedback, and 12 completed patient educational group. Currently, the IW complains of left knee pain rated 5/10, lumbar spine pain rated 6/10, and intermittent hip pain rated 5/10. She reported pain radiation into the feet, and numbness and tingling of the left leg. Physical findings reveal guarding on left leg and left hand, and an abnormal gait. She moves with stiffness. Tenderness is noted on the left wrist. Tinel's and Phalen's testing was positive. Tenderness is noted to the left knee, left hip, and a positive straight leg raise test is noted. The lumbar spine range of motions: flexion 45 degrees, extension 10 degrees, and bilateral lateral abduction 15 degrees. On January 13, 2015, Utilization Review non-certified Ultram 50 mg, #60, and Cyclo 2% cream, #60 grams with one refill, and chiropractic treatment two times a week for three weeks for the lumbar spine. The MTUS guidelines were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of Ultram 50 mg, #60, and Cyclo 2% cream, #60 grams with one refill, and chiropractic treatment two times a week for three weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Tramadol Page(s): 76-78, 113.

Decision rationale: The patient presents with knee pain rated 5/10, lumbar spine pain that radiates to bilateral feet rated 6/10 and intermittent hip pain rated 5/10. The request is for ULTRAM 5MG #60. Patient's diagnoses have included left knee meniscus tear, lumbar spine sprain and strain, degenerative disc disease, spondylosis, left lower extremity radiculopathy. Treatment to date has included medications, epidural steroid injection, radiological imaging, 12 completed physical therapy, 6 completed chiropractic, herbal teas, home exercise program, a cane, 6 completed biofeedback, and 12 completed patient educational group. Patient is temporarily totally disabled. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Ultram is first mentioned on progress report dated 07/30/14. In this case, treater has not discussed how Ultracet decreases pain and significantly improves patient's activities of daily living. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Cyclo 2% cram, 60 grams with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with knee pain rated 5/10, lumbar spine pain that radiates to bilateral feet rated 6/10 and intermittent hip pain rated 5/10. The request is for CYCLO 2% CREAM 60 GRAMS 1 REFILL. Patient's diagnoses have included left knee meniscus tear, lumbar spine sprain and strain, degenerative disc disease, spondylosis, left lower extremity radiculopathy. Treatment to date has included medications, epidural steroid injection, radiological imaging, 12 completed physical therapy, 6 completed chiropractic, herbal teas,

home exercise program, a cane, 6 completed biofeedback, and 12 completed patient educational group. Patient is temporarily totally disabled. MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Treater has not provided reason for the request. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. Therefore, the request IS NOT medically necessary.

Chiropractic treatment 2 times a week for 3 weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The patient presents with knee pain rated 5/10, lumbar spine pain that radiates to bilateral feet rated 6/10 and intermittent hip pain rated 5/10. The request is for CHIROPRACTIC TREATMENT 2x3, LUMBAR SPINE. Patient's diagnoses have included left knee meniscus tear, lumbar spine sprain and strain, degenerative disc disease, spondylosis, left lower extremity radiculopathy. Treatment to date has included medications, epidural steroid injection, radiological imaging, 12 completed physical therapy, 6 completed chiropractic, herbal teas, home exercise program, a cane, 6 completed biofeedback, and 12 completed patient educational group. Patient is temporarily totally disabled. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." Treater stated in progress report dated 12/30/14, "...Patient wants to try chiro because it did help, will request more chiro." The progress reports do not document specific reduction in pain or improvement in function due to prior therapy, as required by MTUS. The additional 6 visits cannot be warranted without documentation of objective functional improvement as required by MTUS. Therefore, the request IS NOT medically necessary.