

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0097811 | | |
| Date Assigned: | 05/28/2015 | Date of Injury: | 03/29/2013 |
| Decision Date: | 06/29/2015 | UR Denial Date: | 05/13/2015 |
| Priority: | Standard | Application Received: | 05/20/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 53-year-old female, who sustained an industrial injury on 03/29/2013. The injured worker was noted to have fallen off a ladder while picking fruit, injuring her neck, mid and lower back. On provider visit dated 05/04/2015 the injured worker has reported back pain. On examination, there was noted tenderness in the thoracic and lumbar paraspinal muscles with negative straight leg raise and a decreased range of motion. The diagnoses have included thoracic sprain/strain and lumbar sprain/strain. The injured worker noted to be working on modified duty. Treatment to date has included Tylenol ES, home exercise program, and Ultram 50mg. The provider requested Pain Management Evaluation and Treatment, Tylenol ES QTY 60 with 1 refill and Tramadol 50mg QTY 30 with 1 refill for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation and Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medicine Practice Guidelines, Second Edition (2004), Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, pain management evaluation and treatment not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are local lumbar sprain/strain with multilevel disc disease; hemangioma versus lipoma nonindustrial. Progress notes medical record ranging from November 11, 2014 through May 4, 2015 shows the injured worker continues to have symptoms that are unchanged. Extra strength Tylenol was initiated November 2014. Tramadol was initiated December 3, 2014. Tylenol was discontinued December 3, 2014 and restarted March 23, 2015. MRI of the cervical and lumbar spine was performed and show disc disease. There was no indication additional conservative treatment was rendered to the injured worker including physical therapy. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. There are no clinical findings in the medical record indicating a consultation will aid in the diagnosis, prognosis or therapeutic management of the injured worker. Physical examination was notable for thoracic and lumbar paraspinal muscle tenderness. There were no other significant clinical findings noted. The injured worker is taking Tylenol extra strength as needed and tramadol 50 mg once daily as needed for moderate pain. Consequently, absent clinical documentation with a clinical indication and rationale, clinical findings (including medications) to support a referral to a pain management specialist and clinical findings that would aid in the diagnosis, prognosis and therapeutic management of the injured worker, pain management evaluation and treatment not medically necessary.

Tylenol ES QTY: 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and Other Medical Treatment Guidelines <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a681004.html>.

Decision rationale: Pursuant to Medline plus, Tylenol ES #60 with one refill is not medically necessary. Acetaminophen comes as a tablet, chewable tablet, capsule, suspension or solution (liquid), extended-release (long-acting) tablet, and orally disintegrating tablet (tablet that dissolves quickly in the mouth), to take by mouth, with or without food. Acetaminophen also comes as a suppository to use rectally. Acetaminophen is available without a prescription, but your doctor may prescribe acetaminophen to treat certain conditions. Follow the directions on the package or prescription label carefully, and ask your doctor or pharmacist to explain any part you do not understand. In this case, the injured worker's working diagnoses are local lumbar

sprain/strain with multilevel disc disease; hemangioma versus lipoma nonindustrial. Progress notes medical record ranging from November 11, 2014 through May 4, 2015 shows the injured worker continues to have symptoms that are unchanged. Extra strength Tylenol was initiated November 2014. Tramadol was initiated December 3, 2014. Tylenol was discontinued December 3, 2014 and restarted March 23, 2015. MRI of the cervical and lumbar spine was performed and show disc disease. There was no indication additional conservative treatment was rendered to the injured worker including physical therapy. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. There are no clinical findings in the medical record indicating a consultation will aid in the diagnosis, prognosis or therapeutic management of the injured worker. Physical examination was notable for thoracic and lumbar paraspinal muscle tenderness. There were no other significant clinical findings noted. The injured worker is taking Tylenol extra strength as needed and tramadol 50 mg once daily as needed for moderate pain. Tylenol ES is clinically indicated; however a refill is not clinically indicated. The documentation in serial progress notes does not provide pain scores or details of ongoing subjective complaints. Additionally, the documentation does not provide objective functional improvement with ongoing Tylenol extra strength. Consequently, absent clinical documentation with subjective improvement, (no pain scores in the medical record or details of subjective complaints) and objective functional improvement with ongoing Tylenol ES, Tylenol ES #60 with one refill is not medically necessary.

Tramadol 50mg QTY: 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50mg # 30 with 1 refill is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are local lumbar sprain/strain with multilevel disc disease; hemangioma versus lipoma nonindustrial. Progress notes medical record ranging from November 11, 2014 through May 4, 2015 shows the injured worker continues to have symptoms that are unchanged. Extra strength Tylenol was initiated November 2014. Tramadol was initiated December 3, 2014. Tylenol was discontinued December 3, 2014 and restarted March 23, 2015. MRI of the cervical and lumbar spine was performed and show disc disease. There was no indication additional conservative treatment was rendered to the injured

worker including physical therapy. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. There are no clinical findings in the medical record indicating a consultation will aid in the diagnosis, prognosis or therapeutic management of the injured worker. Physical examination was notable for thoracic and lumbar paraspinal muscle tenderness. There were no other significant clinical findings noted. The injured worker is taking tramadol 50 mg as needed once daily and Tylenol ES b.i.d. as needed. Tramadol 50 mg is clinically indicated; however, a refill is not clinically indicated. The documentation in serial progress notes does not provide pain scores or details of ongoing subjective complaints. Additionally, the documentation does not provide objective functional improvement with ongoing Tramadol 50 mg. Consequently, absent clinical documentation with subjective improvement, (no pain scores in the medical record or details of subjective complaints) and objective functional improvement with ongoing tramadol 50 mg, Tramadol 50 mg #30 with one refill is not medically necessary.