

Case Number:	CM13-0002913		
Date Assigned:	06/06/2014	Date of Injury:	12/17/2003
Decision Date:	07/31/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/24/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant was injured on 12/17/03. She is status post 3 lumbar surgeries and also was diagnosed with a cervical sprain. She has ongoing complaints and also has had abdominal problems and diarrhea. She has had acupuncture with improved range of motion. She has also received a number of medications. She saw [REDACTED] and was prescribed physical therapy, TENS, chiropractic treatment, and a steroid injection. She was diagnosed with cervical and thoracolumbar spine strains that were resolved, right trapezial strain, resolved, left knee and wrist sprains, resolved. She also had a nondisplaced left distal fifth metatarsal fracture of the left foot that was healed. She had reached permanent and stationary status. She received future medical care. She has had extensive treatment. She had some surgery on her ankle but it remained unstable. She had a qualified medical reevaluation in August 2006. She had constant pain and other symptoms. A 2 level lumbar fusion had been attempted. She had increased back pain after the surgery. Her ankle symptoms had improved somewhat. She had reached maximum medical improvement. She saw [REDACTED] who questioned the need for the lumbar fusion surgery. She saw [REDACTED] more recently January 2014. She still had significant pain with radiating pain to both legs and feet. She had persistent stomach issues as well. She had a change in appetite and nausea. She complained of dizziness fainting and numbness. She also had muscle or joint pain and back pain. Her gait was antalgic and she used a cane. Toe and heel walk were abnormal. She had tenderness of the low back and muscle spasms were noted with decreased range of motion. Deep tendon reflexes were intact. Right leg raise was negative. She was status post lumbar discectomy and fusion and hardware removal in 2007-2009 timeframe. She had a posterior lumbar interbody fusion in 2005. She was diagnosed with gastritis and Helicobacter pylori on biopsy. She was prescribed tramadol-DM, gabapentin, tramadol, and Ambien. She had been using Norco for a prolonged period of time. She was seen again on 02/28/14. She had

persistent pain and was taking Norco, Ambien, Prilosec, gabapentin, and tramadol. She stated the Norco was helping. She was not doing therapy. No medication was prescribed. ■■■ reviewed her records on 03/05/14. She had multiple orthopedic injuries as well as gastrointestinal and psychological complaints. She participated very briefly in vocational rehabilitation. Her condition had not improved despite multiple surgeries. On 03/11/14, she saw ■■■ and had ongoing pain in her low back. It radiated to her legs with pins and needles. Her back pain was 10/10. She was taking Norco, zolpidem, and omeprazole and stated that Norco was helping. She was in no acute distress. She had a normal gait and was not using any assistive devices. She had tenderness of the low back with muscle spasm and decreased range of motion. Sensory and motor examinations were normal. Her diagnoses were essentially unchanged. She had been to the emergency room on 02/22/14 due to her low back and abdominal pain. She also complained of gastrointestinal disturbances, vaginal irritation and nerve complaints throughout her lower extremities surgery. She had seen an internal medicine doctor, ■■■ Medications are prescribed including gabapentin, tramadol, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight acupuncture sessions for the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The history and documentation do not objectively support the request for additional acupuncture at this time. The Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: three to six treatments; (2) Frequency: one to three times per week; (3) Optimum duration: one to two months; (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef). In this case, the claimant reportedly attended acupuncture in the past and had improved range of motion but the degree of objective improvement and the duration are unknown. The dates and number of visits attended are also unknown. The request for eight acupuncture sessions for the cervical and lumbar spine is not medically necessary or appropriate.

Tramadol ER 150 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 145.

Decision rationale: The history and documentation do not objectively support the request for tramadol. The Chronic Pain Medical Treatment Guidelines states that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs. The claimant has taken Norco for a prolonged period of time and stated that it helped. There is no clear documentation of the objective or functional benefit to the claimant of the use of tramadol. The expected benefit or indications for the use of this medication have not been stated. Additionally, the Chronic Pain Medical Treatment Guidelines states before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within one to three days. A record of pain and function with the medication should be recorded. (Mens 2005). The request for Tramadol ER 150 mg, thirty count, is not medically necessary or appropriate.

Hydrocodone/APAP 10/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain and the 4 A's (Analgesia, Activities of Daily Living [ADL's], Adverse side effects, and Aberrant drug-taking behaviors) Page(s): 110.

Decision rationale: The history and documentation do not objectively support the request for ongoing use of the opioid, Norco and weaning should be done. The Chronic Pain Medical Treatment Guidelines outlines several components of initiating and continuing opioid treatment and states a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. The Chronic Pain Medical Treatment Guidelines further explains, pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear other than she takes it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended. It is not clear, in this case, if Norco was helping, why she

needed multiple other medications, including tramadol. The request for Hydrocodone/APAP 10/325 mg, sixty count, is not medically necessary or appropriate.

One intramuscular injection of Toradol (2 cc): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 105.

Decision rationale: The history and documentation do not objectively support the request for an IM injection of Toradol. The Chronic Pain Medical Treatment Guidelines state this medication is not indicated for minor or chronic painful conditions. In this case, the claimant has chronic pain for which she was taking multiple medications on a chronic basis. The indication for the use of this medication in this is unclear and none can be ascertained from the records. The request for one intramuscular injection of Toradol (2 cc) is not medically necessary or appropriate.

One intramuscular injection of vitamin B-12 complex: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, Pernicious Anemia Chapter.

Decision rationale: The history and documentation do not objectively support the request for an IM injection of vitamin B12 complex. In this case, there is no history of vitamin B12 deficiency or pernicious anemia. The indications for its use are not stated and none can be ascertained from the records. The request for one intramuscular injection of vitamin B-12 complex is not medically necessary or appropriate.

One X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies Section.

Decision rationale: The history and documentation do not objectively support the request for one x-ray of the lumbar spine. The Low Back Complaints Chapter of the ACOEM Practice Guidelines state lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least

six weeks. However, it may be appropriate when the physician believes it would aid in patient management. The type of xray and the indication are not stated clearly and none can be ascertained from the records. The request for one X-ray of the lumbar spine is not medically necessary or appropriate.