

Case Number:	CM13-0009106		
Date Assigned:	12/04/2013	Date of Injury:	03/15/2010
Decision Date:	01/13/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in physical medicine and rehabilitation, 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 physician 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.

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 underlying date of injury in this case is 03/15/2010. This patient is a 54-year-old with treating diagnoses including degenerative lumbar spondylolisthesis, degenerative disc disease, bilateral lumbar radiculopathy, degenerative cervical disc disease, and a right upper extremity radiculopathy. A prior physician review notes that this patient is a 54-year-old woman who was injured when lifting boxes of computer paper when she injured her low back. That reviewer notes that as of 07/15/2013, the patient reported low back pain radiating into both lower extremities and ambulated with an antalgic gait using a 4-point cane, and the patient had bilateral paraspinal tenderness in the lumbar spine worse with extension and rotation. Lumbar MRI imaging of June 2010 had demonstrated degenerative spondylolisthesis at L4-L5 with facet arthropathy. The prior reviewer noted that the patient has chronic low back pain and that a partial certification would be appropriate for a trial of 4 acupuncture sessions. This reviewer noted that this patient was temporary total disability which demonstrated an absence of functional improvement attributed to chronic opioids. Therefore, the reviewer recommended tapering tramadol. For similar reasons, the reviewer recommended tapering of Percocet and fentanyl patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lower back, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: The California Acupuncture Medical Treatment Guidelines, Section 24.1, states, "Acupuncture is used as an option when pain medication is reduced or not tolerated...Time to reduce functional improvement: 3-6 treatments." The current request for 8 sessions exceeds these guidelines. The records do not provide a rationale for exception to the guidelines. The request for acupuncture for the lower back, 8 sessions, is not medically necessary or appropriate.

Tramadol 50mg, quantity of 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 83.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines states, "Weak opioids should be considered at initiation of treatment with this class of drugs (such as tramadol)." A prior physician reviewer has noted the lack of functional benefit from opioid medications. It would not be advisable, however, to completely taper and discontinue all analgesic medications. The guidelines would in particular support a weak opioid such as tramadol as opposed to more dependence-forming opioids such Percocet and fentanyl which have been prescribed. With regard to tramadol, the guidelines do support this request. The request for Tramadol 50mg, quantity of 90, is medically necessary and appropriate.

Percocet 5/325mg, quantity of 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records do not clearly document these 4 domains of opioid use, particularly given the need for multiple opioid medications and essentially subjective reports of benefit. This request is not supported by the guidelines. The request for Percocet 5/325mg, quantity of 90, is not medically necessary or appropriate.

A fentanyl patch, 12 mcg/hr, quantity of 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic/fentanyl transdermal Page(s): 44.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines states, "Not recommended as a first-line therapy...Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." The patient does not meet these criteria. It is not apparent that this patient's pain cannot be tolerated by other means. Moreover, the benefit from this means of treatment is not apparent in the records. The request for a fentanyl patch, 12 mcg/hr, quantity of 10, is not medically necessary or appropriate.