

<b>Case Number:</b>	CM13-0024880		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Family Practice 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 patient is a 60 year old male who reported an injury on 09/28/2012. The patient has been treated for ongoing complaints of chronic pain over multiple areas of his body, rating the pain from a 7/10 to 10/10 for the different regions affected by his pain. The mechanism of injury was not documented, but the patient has been diagnosed with several different strains or sprains of various regions of his body to include his cervical region, thoracic region, bilateral shoulders, bilateral elbows, bilateral wrists, his left knee (to include a meniscal tear, per an MRI report dated 04/09/2013), and bilateral foot plantar fasciitis. The patient has also been diagnosed with sleep disturbance secondary to pain, as well as vision loss. As of at least 07/2013, the patient has been prescribed Medrox patches and Tramadol and has been utilizing acupuncture as his modalities of treatment. The physician is now requesting 8 sessions of acupuncture, a urine toxicology screen, and a prescription of Tramadol 50 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of acupuncture:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Under the California MTUS Acupuncture Medical Treatment Guidelines, it states that acupuncture is used as an option when pain medication is reduced or not tolerated, and

may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. For application, the frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: time to produce functional improvement is 3 to 6 treatments, frequency is 1 to 3 times per week, and optimum duration is 1 to 2 months. The documentation notes that the patient has been undergoing acupuncture treatment; however, there is no documentation providing the accurate number of sessions the patient has already completed. Therefore, an additional 8 sessions of acupuncture therapy exceeds the maximum allowed sessions per California Acupuncture Medical Treatment Guidelines. As such, the requested service is non-certified.

**One urine toxicology screen:** 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): 74-96.

**Decision rationale:** Under the California MTUS Guidelines, drug testing is recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. It is also a means for differentiating between dependence and addiction for ongoing use of opioids. If the physician is suspicious of the patient dealing or misusing a medication, or is suspicious that the patient is becoming addicted to the medication, a random drug test may be considered an appropriate option. The patient has already undergone 2 previous urine drug screens. The first one was dated 10/08/2012, which noted negative results for any abnormal medication use. The second drug screening was performed in 12/2012, which noted that there were negative results for Ultram, which had been prescribed to the patient. Under the remarks section, it states that Ultram is indicated for this patient and was not detected. This could be due to not taking the medication as prescribed or to one's metabolism. The patient has been utilizing tramadol now for over a year and under the California MTUS Guidelines, scheduled drug testing, as well as random drug testing, is considered appropriate when a patient is utilizing an opioid. With the ongoing use/prescription for tramadol, a urine toxicology screen would be appropriate in the case of this patient in order to verify the proper use of the medication. As such, the request is medically appropriate.

**One prescription of Tramadol 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Under the California MTUS Guidelines, it states that Tramadol is a synthetic opioid affecting the central nervous system. It is not classified as a controlled substance by the DEA, and is indicated for moderate to severe pain. The patient has been

utilizing this medication since at least 07/2013; however, the documentation fails to supply objective measurements regarding the efficacy of this medication. As such, the requested service is non-certified.