MAXIMUS Federal Services

Case Number:	CM13-0031769		
Date Assigned:	12/04/2013	Date of Injury:	01/18/2012
Decision Date:	01/24/2014	UR Denial Date:	09/01/2013
Priority:	Standard	Application Received:	10/04/2013

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. 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 underlying date of injury in this case is 01/18/2012. This patient is a 37-year-old woman who has been treated for chronic neck and upper thoracic spine pain with radicular symptoms to the left upper extremity. A prior physician review noted that this patient previously received 6 acupuncture sessions and that the current available clinical records do not documents evidence of significantly improved activities of daily living or reduction in work restrictions, and thus the guidelines and records do not support additional acupuncture. The prior physician reviewer stated that the treatment guidelines do not provide evidence to recommend one opioid over another and additionally that this patient has been treated with opioid type medications for a prolonged period of time without a clear documentation of pain relief from a functional status, appropriate medication use, and side effects. Therefore, prior reviewer recommended non-certification of a request for Ultram. Current treating physician notes states that the patient continues to utilize Norco 1 time in the morning and tramadol during the day and states that the patient feels that this combination of medications helps her with pain and function. At that time, the patient reported that she is tolerating her medication without side effects. She said it helps her to exercise better with less pain and to sit for longer with less pain. The patient reported that her pain level was 2/10 with medication or 6/10 to 8/10 without medications, depending on her activity level. The treating physician submitted a very detailed utilization review treatment appeal on 09/25/2013. In that appeal, the treating provider states that the patient has had acupuncture in the past which has been helpful to reduce pain and allow overall greater function, and therefore the physician recommends additional acupuncture. The treating physician additionally notes that specific ongoing goals, including increasing range of motion of t

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 12 Acupuncture Sessions between 08/28/2013 and 10/28/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule/Acupuncture Medical Treatment Guidelines, Section 24.1 states, "Acupuncture treatments may be extended if functional improvement is documented as defined in section 92.20." In turn, section 92.20 states, "Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during history and physical exam performed and documented." In this case, neither the history and physical exam documented nor the appeal letter from the provider clearly demonstrate a "clinically significant" improvement in activities of daily living or change in work restrictions. The medical records discuss a functional improvement in general terms but not in terms which were reproducible or measurable by means to clearly identify such improvement as clinically significant. The medical records and the appeal letter fail to document the level of detail or specificity to support functional benefit from past acupuncture. Additionally, the stated functional goals of the proposed acupuncture are generalized and do not contain specificity such as to be measurable regarding future success. For these reasons, this request is not medically necessary.

Prospective request for 1prescription of Tramadol HCL 50mg #60 between8/28/2013 and 10/28/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuropathic pain, Tramadol, Opioids- Discontinuing Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol section, Opioids as Ongoing Management section. Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on tramadol, page 113, states that tramadol "is not recommended as a first-line oral analgesic." The medical records did not provide a rationale as to why this patient requires other than a first-line oral analgesic. Moreover, the Chronic Pain Medical Treatment Guidelines section on opioids as ongoing management recommends "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Information from family members or other caregivers should be considered in determining the patient's response to treatment...Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids." The medical records in this case provide limited, subjective reports of functional improvement per the patient's improvement but do not clearly document objectively measurable functional improvement or the other items in the four domains of opioid management. The

medical records do not document the necessity of tramadol based on the guidelines. This request is not medically necessary.