

<b>Case Number:</b>	CM13-0039707		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	02/08/2010
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Iowa. 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 patient is a 55 year old female with a date of injury of 2/8/2010. A review of the medical documentation indicates that the patient is undergoing treatment for low back pain and left lower extremity pain. Subjective complaints (9/10/2013) include pain in the left leg, thigh, and buttocks as well as the lower back; as well as headaches of worsening severity and frequency. Objective findings (9/10/13) include deformities consistent with Albright's syndrome; tenderness to palpation to the left paraspinal, left gluteal, and left hamstring areas; positive straight left test on both sides, decreased lumbar spine range of motion; left ankle tenderness and decreased range of motion, and generalized muscle weakness of bilateral lower extremities. There is no information in the available records to indicate prior imaging studies or therapies, although the utilization review mentions prior acupuncture therapy in 2010. A utilization review dated 9/24/2013 did not certify the request for Ativan 2 mg #30, consultation with a neurologist, and consultation with a sleep disorder specialist; and modified the request from Ultram 50 mg #120 to 50 mg #30 and the request for acupuncture from two times a week for six weeks (12 visits), to six visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture; twelve (12) visits (2x6), Low Back, Left Thigh and Left Ankle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture

**Decision rationale:** According to MTUS Acupuncture Medical Treatment Guidelines, acupuncture is recommended as an option when pain medication is reduced or not tolerated. The guidelines also state that may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. MTUS recommends initially 3-6 treatments for 1-3 times per week for 1-2 months, with extension if functional improvement is documented. Official Disability Guidelines do not recommend acupuncture for acute low back pain, but does mention that it may be considered as a trial if it would facilitate participation in active rehab efforts. The initial trial is recommended for 3-4 visits over 2 weeks, with evidence of objective functional improvement to continue for a maximum of 8-12 visits over 4-6 weeks. Evidence to repeat this beyond an initial short course of therapy is inconclusive. Although the UR mentions prior acupuncture therapy, there is no record of this in the documentation provided. The medical documentation does not state that the trial is to be used as an adjunct to physical rehabilitation, and the duration also exceeds the initial recommendations for a trial of 3-6 treatments. There is no other rationale given for the length of therapy or purpose of the trial. Therefore, the request for acupuncture for 2 times a week for 6 weeks is not medically necessary at this time.

**Ultram 50mg, #120, one tablet every 6 hours as needed:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram)

**Decision rationale:** Ultram is the brand name for Tramadol, which is an opioid class pain medication. According to MTUS chronic pain guidelines, opioids should be used on a trial basis after failure of first-line therapies and re-evaluated regularly. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate use, and side effects. Satisfactory response to treatment should be indicated including decreased pain, increased functional status, or improved quality of life. Official Disability Guidelines do not recommend use of opioids for low back pain except in short use for severe cases, not to exceed two weeks. Official Disability Guidelines further states that Tramadol is not recommended as a first-line medication as others are more effective. The patient appears to have been on this medication for several months given that it is a refill, which is in excess of what would be considered short-term therapy. The treating physician has not provided rationale for the extended use of this medication, and the medical documentation does not contain evidence of functional improvement or documented trials and failures of first line therapies. The documentation states that the patient continues to have severe pain and decreased functional status despite this pain medication regimen. Therefore, the request for Ultram 50 mg #120 is not medically necessary.

**Ativan 2mg #30, one tablet at bedtime as needed: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/pro/ativan-tablets.html](http://www.drugs.com/pro/ativan-tablets.html)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia treatment

**Decision rationale:** Ativan is a benzodiazepine. According to MTUS chronic pain guidelines, benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use of benzodiazepines to four weeks. There appears to be little benefit for the use of this class of drug over non-benzodiazepines for the treatment of chronic pain. The records indicate that this medication is primarily to be used for sleep difficulty, but is only briefly mentioned. Other guidelines state that this drug is not approved or recommended for use in sleep disorders or insomnia. Official Disability Guidelines also recommends that the treating physician should detail the patient's sleep hygiene and specific component of insomnia to be addressed. The treating physician does not provide rationale for use of this medication other than for a short description of sleep difficulty. The physician also does not address sleep hygiene or the component of insomnia to be addressed, or if other first-line therapies have been tried. Therefore, this request is not medically necessary.

**Consultation with Sleep Disorder specialist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia treatment and UpToDate: Treatment of Insomnia

**Decision rationale:** MTUS does not provide recommendations for insomnia treatment. Official Disability Guidelines states that first-line therapies, such as behavior modification, should be utilized before medication or other studies are pursued. Official Disability Guidelines also recommends that the treating physician should detail patient's sleep hygiene and specific component of insomnia to be addressed. UpToDate states that patients should receive therapy for any precipitating or exacerbating medical condition, and should receive basic behavioral counseling about sleep hygiene and stimulus control. The patient's difficulty sleeping is only briefly mentioned in the documentation in the summary portion, stating "the patient has also had difficulty sleeping." This is an incomplete history, and a more thorough review of the nature and type of difficulty should be completed, to include duration and possible causes, before specialty consultation is utilized. It is generally not appropriate to consult a specialist without at least detailing the history of the complaint. Therefore, the request for consultation with sleep disorder specialist is not medically necessary at this time.

**Consultation with a Neurologist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Headaches and UpToDate: Evaluation of headache in an adult

**Decision rationale:** MTUS does not provide recommendations for headache treatment. Guidelines state that a thorough history should be obtained which details the nature and potential causes of headache. In general, common problems such as headache should be evaluated initially by a primary care physician and referred for specialty consultation only after primary treatment options are exhausted. The patient's headaches are only briefly mentioned in the documentation in the summary portion. The treating physician does note that they are increasing in severity and frequency, but does not attempt to classify the headaches other than to state they are chronic. The treating physician only mentions analgesics as attempted therapies. A more thorough review and history of the nature and type of headache should be completed before specialty consultation is recommended. Therefore, the request for consultation with sleep disorder specialist is not medically necessary at this time.