

Case Number:	CM13-0042640		
Date Assigned:	12/27/2013	Date of Injury:	10/28/2009
Decision Date:	02/20/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/21/2013

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, has a subspecialty in Pain Management, and is licensed to practice in Ohio and Texas. 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 patient is a 47-year-old who reported an injury on 10/28/2009. The patient is currently diagnosed with multilevel lumbar spine disc bulges with annular tears, lumbar spine radiculopathy, lumbar spine degenerative disc disease, and multilevel lumbar spine facet arthropathy. The patient was seen by [REDACTED] 08/30/2013. The patient reported ongoing lower back pain. Physical examination revealed no acute distress and a non-antalgic gait. Treatment recommendations included additional acupuncture 2 times per week for 6 weeks and refill of medications, including naproxen, Omeprazole, tramadol, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve acupuncture sessions for the lumbar spine and left hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the Acupuncture Medical Treatment Guidelines. .

Decision rationale: The Acupuncture Medical Treatment Guidelines state 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. The time to produce functional improvement includes 3 treatments to 6 treatments with a frequency of 1 time to 3 times per week. As per the clinical documentation submitted, the patient has completed a previous course of acupuncture treatment. Despite ongoing therapy, the patient continued to report pain and stiffness in the lower back with occasional soreness, muscle spasm, swelling, decreased strength, and shooting left sciatic pain. The patient also continued to report ongoing stress, anxiety, sleep disturbance, and irritation. Documentation of significant functional improvement following an initial course of acupuncture treatment was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate. The request for twelve acupuncture sessions for the lumbar spine and left hip is not medically necessary or appropriate.

Naproxen 550 mg, 60 count with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 67-72..

Decision rationale: The Chronic Pain Medical Treatment Guidelines state NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. As per the clinical documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There are no indications that there is an acute nature to the current symptoms in which continued use of NSAIDs is necessary. The request for Naproxen 550 mg, 60 count with two refills, is not medically necessary or appropriate.

Tramadol 50mg, 60 count with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 74-82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical documentation submitted, the patient continues to report persistent pain despite ongoing use of this medication. The patient's physical examination does not indicate functional improvement. Satisfactory response to treatment has not been indicated. The request for Tramadol 50mg, 60 count with two refills, is not medically necessary or appropriate.

Gabapentin 600 mg with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 16-18.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. It has also been considered as first line treatment for neuropathic pain. As per the clinical documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent lower back pain with radiation to the left lower extremity. The request for Gabapentin 600 mg with two refills is not medically necessary or appropriate