

<b>Case Number:</b>	CM13-0057350		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 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 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:

This is a 39-year-old gentleman with a date of injury of 5/14/04. Mechanism of injury was bending down to lift a door. The patient injured his low back in the incident. The patient received conservative care that included PT and medications for diagnosis of spondylolisthesis, lumbar disc displacement and chronic low back pain. The patient was able to get back to full duty. 2013 reports indicate that the patient is being treated under Future Medical Care provision, therefore, I assume the patient was made Permanent and Stationary at some point. The patient is under the care of a chiropractor acting as the PTP and a secondary treating physician who is prescribing medications. The patient has been on Lidoderm, Flexeril and Tramadol. He has been monitored with UDS, which have been found to be consistent with prescribed drugs. Though the patient has chronic symptoms, it is unclear why chronic use of Tramadol is required. There is no mention of a pain contract. This was submitted to Utilization Review on 10/11/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2XWK X 4 WKS FOR RIGHT ANKLE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96, 1113.

**Decision rationale:** Guidelines do not support use of chronic opioid pain medications for non - malignant pain. For patients with chronic back pain, efficacy is limited to short -term relief only. Long-term efficacy of greater than 16 weeks is unclear. It does appear that this patient is monitored via UDS, but there is no mention of a pain contract. The patient has been able to return regular duty. The patient is permanent and Stationary, and it is unclear why ongoing use is necessary, other than opioid dependency. This was submitted to Utilization Review, and on peer -to-peer discussion with the prescribing doctor, agreement was made to wean Tramadol. The UR physician did recommend a "modified" amount, but #90 was certified, which appeared to be the original request. There is no clear medical necessity for Tramadol in excess of what was modified.