

Case Number:	CM13-0067557		
Date Assigned:	01/03/2014	Date of Injury:	04/28/2005
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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 Anesthesiology, Pain Management, 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:

The patient is a 67-year-old female who reported an injury on 04/28/2005. The mechanism of injury was noted to be the patient slipped and fell. The documentation of 01/16/2013 revealed the patient tried Vicodin and had itching and had tried Percocet and had the same effect. It was indicated the patient tried tramadol and it was ineffective. The documentation of 12/05/2013 from a different physician indicated the patient had never tried Ultram. The patient's pain was noted to be 3/10 to 8/10 on a typical day. The physical examination revealed the patient had tenderness to palpation along the bilateral lower lumbar paraspinal muscles, iliolumbar, and sacroiliac regions. The lower lumbar musculature was moderately tender. The straight leg raise elicited hamstring tightness and back pain. The femoral nerve stretch test and Patrick's maneuver were negative. The diagnoses were noted to include left knee osteoarthritis, L5-S1 degenerative disc disease, and possible disc protrusion and lumbar strain with myofascial pain. The request was made for 10 visits of acupuncture, Voltaren gel, and Ultram with 5 refills. It was indicated the patient was unable to tolerate stronger pain medications due to side effects. The patient signed a pain agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review failed to indicate the patient would be using acupuncture as an adjunct to physical rehabilitation. The request as submitted failed to indicate the body part that would be treated. Additionally, the request for 10 sessions exceeds guideline recommendations for initial therapy. Given the above, the request for 10 acupuncture sessions of not medically necessary

Ultram 50 mg #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. The clinical documentation submitted for review indicated the patient tried tramadol which is another name for Ultram. The patient indicated the medication was ineffective. There was lack of documentation indicating the medication would have effectiveness at this juncture 11 months later. Additionally, the request as submitted was for 5 refills. As the patient had not "tried" the medication, there would be necessity for re-evaluation after 30 days. Additionally, there was lack of documentation indicating a necessity for 90 tablets. Given the above, the request for Ultram 50 mg #90 with 5 refills is not medically necessary.