

Case Number:	CM14-0000705		
Date Assigned:	01/17/2014	Date of Injury:	10/31/2011
Decision Date:	06/06/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 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:

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; unspecified amounts of physical therapy and acupuncture; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated December 13, 2013, the claims administrator partially certified a request for 12 sessions of acupuncture, partially certified request for Neurontin, partially certified a request for Tramadol, and conditionally denied a request for Zanaflex. The applicant's attorney subsequently appealed. In a progress note dated January 9, 2013, the applicant was described as carrying diagnosis of reflex sympathetic dystrophy of the upper extremities and lower extremities and a diagnosis of bipolar affective disorder with associated depression. The applicant reported that Topamax, Neurontin, and Zanaflex were resulting in diminution in pain from 10/10 to 3/10. In a December 5, 2013 note, the applicant's psychologist suggested continuing with psychotherapy. On November 27, 2013, the applicant was described as reporting generalized whole-body pain with superimposed depression. The applicant was currently on Neurontin, Tramadol, and Tizanidine. The applicant stated that usage of these medications brought her pain down to tolerable levels. The applicant was still smoking. The applicant's medication list included Neurontin, Tramadol, and Tizanidine. It was stated that the applicant was not working and had not worked since September 2012. The applicant was again placed off of work, on total temporary disability. Percocet was endorsed, in addition to existing prescriptions for Neurontin and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE ACUPUNCTURE SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 12-session course of treatment represents treatment in excess of the three- to six-session course deemed necessary to generate functional improvement noted in the MTUS Acupuncture Guidelines. No rationale for a variance from the MTUS Guidelines is provided in the medical records submitted for review. Therefore, the request is not medically necessary and appropriate.

1 PRESCRIPTION FOR NEURONTIN 600 MG #240 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Guidelines, it is incumbent upon the attending provider to document improvements in pain and function with each visit so as to justify continuation of Gabapentin or Neurontin. In this case, however, the attending provider has only documented reduction in pain scores achieved as a result of ongoing Gabapentin usage. There is no mention of any improvement in function achieved with ongoing Gabapentin usage. The applicant is described as having failed to return to work. The applicant is using a cane to move about, it was further noted. The applicant's ability to perform activities of daily living appears to be diminished as opposed to improved despite ongoing Gabapentin usage. Since ongoing usage of Gabapentin or Neurontin has not produced the requisite improvements in function, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF TRAMADOL 50 MG, #60 WITH 1 REFILL: Upheld

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

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

Decision rationale: Tramadol is a synthetic opioid. As noted on page 80 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has been deemed totally temporarily disabled. There is no evidence of reduction in pain scores and/or improvement in function achieved as a result of ongoing tramadol usage. It is further noted that the applicant was given a prescription for Percocet in November 2013, suggesting that ongoing usage of Tramadol

was not altogether effectual. As noted on page 78 of the MTUS Chronic Pain Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. No rationale for ongoing usage of Tramadol and Percocet, two separate short-acting opioids, has been indicated in the medical records provided for review. Therefore, the request is not medically necessary and appropriate.