

<b>Case Number:</b>	CM14-0183966		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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:

The applicant is a represented [REDACTED] insured employee who has filed a claim for low back pain reportedly associated with an industrial injury of March 3, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 31, 2014, the claims administrator partially approved a request for eight sessions of acupuncture as three sessions of the same, denied a request for Naprosyn, and partially approved a request for Ultram, apparently for weaning purposes. The claims administrator did not state whether or not the request for Ultram (tramadol) and Naprosyn represents a renewal request or a first-time request. The applicant's attorney subsequently appealed. In an October 24, 2014 progress, the applicant reported ongoing complaints of low back pain, reportedly improved following introduction of back brace. The applicant was asked to continue chiropractic manipulative therapy. Acupuncture was sought. Naprosyn, Prilosec, and Vicodin were dispensed in the clinic. The applicant was asked to continue regular duty work. The applicant stated that her low back pain was getting better over time. On September 5, 2014, the applicant was again asked to employ medications to ameliorate pain complaints. Manipulative therapy was sought. The applicant was not working; it was stated on this occasion in one section of the note. Somewhat incongruously, at the bottom of the report, it was stated that the applicant was returned to regular duty work. In a work status report dated July 7, 2014, the applicant was returned to regular duty work. The applicant was given work restrictions at various points earlier in 2014, including on April 11, 2014 and was off of work between the dates March 22, 2014 through March 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial acupuncture treatment 2 times per week for 4 weeks (8 visits): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** While the MTUS Acupuncture Medical Treatment Guidelines do support acupuncture for a wide variety of purposes, including for chronic pain purposes, to reduce pain, to reduce inflammation, in applicants in whom pain medications are not tolerated, in the chronic pain context, MTUS 9792.24.1.c.1 does qualify this recommendation by noting that the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. The eight-session course of treatment proposed, thus, does represent treatment in excess of the MTUS parameters. The attending provider failed to furnish any compelling applicant-specific rationale which would support an introductory course in excess of MTUS parameters. Therefore, the request is not medically necessary.

**Anaprox 550mg #90: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic Page(s): 22.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. The attending provider's documentation, while at times admittedly incomplete, did suggest on October 24, 2014 that the applicant had returned to regular duty work and further stated that ongoing medication consumption was helpful in diminishing the applicant's pain complaints, which were described as getting better on that date. Continuing the same, on balance, was therefore indicated. Accordingly, the request is medically necessary.

**Ultram 150mg #90: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful

return to work, improved functioning, and reduced pain achieved as a result of the same. Here, the attending provider did report on October 24, 2014 that the applicant had returned to regular duty work and that her back pain was reportedly better on that date, reportedly effected and/or achieved as a result of ongoing medication consumption, including ongoing Ultram consumption. Continuing the same, on balance, was therefore indicated. Accordingly, the request is medically necessary.