

<b>Case Number:</b>	CM14-0191161		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	11/05/2008
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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:

This is a 64-year-old male with an 11/05/08 date of injury. The patient was seen on 10/28/14 with complaints of 5/10 low back, right hip, right knee and right shoulder pain. Exam findings revealed lumbar range of motion 70 percent of expected, no motor deficits in the legs and sensory deficit to pin/light touch in the L5-S1 distributions. The note stated that with Tramadol the patient's pain was 50 percent better and the patient was able to sleep better. The diagnosis is cervical/lumbar disc disease, lumbar radicular symptoms and chronic mid-back pain. Treatment to date: work restrictions, acupuncture and medications. An adverse determination was received on 11/07/14. The request for Tramadol 50mg #90 was modified to #60 for a lack of objective functional benefits. The request for Additional acupuncture visits for bilateral lower extremities and low back pain, Qty: 8 was denied given that the number of completed sessions was not documented and there was no evidence of recent exacerbation or significant progression of symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates, Tramadol Page(s): 78-81, 113.

**Decision rationale:** CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2008 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, the recent UDS test was not available for the review. Lastly, the UR decision dated 11/07/14 modified the request for Tramadol 50mg #90 to #60 for purpose of weaning. Therefore, the request for Tramadol 50mg #90 is not medically necessary.

**Additional acupuncture visits for bilateral lower extremities and low back pain, Qty: 8:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Clinical Topics: Pain, Suffering, and the Restoration of Function Chapter 6, page 114

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. However, there is a lack of documentation indicating subjective and objective functional gains from prior sessions of acupuncture. In addition, the number of completed sessions was not available for the review. Therefore, the request for additional acupuncture visits for bilateral lower extremities and low back pain, Qty: 8 is not medically necessary.