

Case Number:	CM14-0204336		
Date Assigned:	12/16/2014	Date of Injury:	01/01/2014
Decision Date:	02/09/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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] employee who has filed a claim chronic neck pain reportedly associated with cumulative trauma at work between the dates March 14, 2004 through January 1, 2014. In a Utilization Review Report dated November 12, 2014, the claims administrator partially approved Ultram, approved a moist heating pad, denied an interferential stimulator, denied a home traction unit, and partially approved a urine drug screen as a 10 panel drug screen. The claims administrator referenced an October 26, 2014 progress note in its determination. The claims administrator stated that it was denying the acupuncture on the grounds that the acupuncture was not being employed in conjunction with physical therapy and that the acupuncture was not being employed in the postsurgical context. The claims administrator did not state whether or not the applicant had or had not had prior acupuncture. The applicant's attorney subsequently appealed. In an RFA form dated October 22, 2014, acupuncture, Tramadol, interferential unit, moist heating pad, home traction unit, and random urine specimen were sought. In an associated progress note of October 22, 2014, progress note, handwritten, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability, through December 5, 2014. Ultram was endorsed. The request for Ultram was a first time request and that Ultram was being employed in favor of previously prescribed Norco. Acupuncture, an interferential unit, and a traction unit were sought. It was suggested that the applicant previously received the traction device. Large portions of the progress note were difficult to follow. In an earlier progress note dated August 26, 2014, the applicant was placed off of work, on total temporary disability through October 7, 2014. Multiple other progress notes throughout 2014 were surveyed. It appeared that the applicant was placed off of work, on total temporary disability for large portions of 2014. In physical therapy progress note dated April 16, 2014 and April 17, 2014, the applicant received

physical therapy with modalities including electrical stimulation, infrared heat therapy, therapeutic exercise, and manual therapy. In a doctor's first report (DFR) dated September 12, 2014, the applicant had previously been given traction unit on a trial basis. Physical therapy was sought as of this point in time. The applicant had a history of receiving previous manipulative therapy. There was no mention of the applicant having had prior acupuncture, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times a week for 3 weeks; 6 visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.a, acupuncture can be employed for a variety of purposes, including as an adjunct to physical rehabilitation and/or surgical intervention, to reduce pain, reduce inflammation, promote relaxation, and reduce muscle spasm, for chronic pain purposes, etc. The request in question appears to represent a first time request for acupuncture. The six session course of therapy proposed does conform to the three- to six-session course deemed necessary to produce functional improvement in MTUS 9792.24.1.c.1. Therefore, the request was/is medically necessary.

Ultram 50mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol section, Medications for Chronic Pain topic Page(s): 94,60.

Decision rationale: While page 94 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tramadol is indicated for moderate-to-severe pain, as was/is present here, this recommendation, however, is qualified by commentary made on page 60 of MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should conduct trial of each individual medication as analgesic medications should generally show effects within one to three days. Here, the first time request for Tramadol (Ultram) with a quantity of 120 tablets did not, by implication, contain a proviso to reevaluate the applicant following introduction of Tramadol (Ultram) so as to ensure a favorable response to the same before going forward with the larger, 120-tablet supply at issue here. Therefore, the request was not medically necessary.

Interferential stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation topic Page(s): 120.

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of an interferential stimulator should be predicated on evidence of favorable outcome during an earlier one-month trial of the same, in terms of both pain relief and function. Here, there was no clear or compelling evidence that the applicant had previously embarked upon and/or received a one-month trial of the device at issue before a request for purchase of the same was initiated. Therefore, the request was not medically necessary.

Home cervical spine traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181,172-174.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, Traction, the modality at issue, is deemed "not recommended." While ACOEM Chapter 8, pages 172 and 174 do qualify the overall unfavorable ACOEM position on traction by noting that such palliative tools can be used on a palliative basis but should be monitored closely, in this case, however, the applicant had previously received the traction device on a trial basis, it was suggested on a doctor's first report dated September 12, 2014. The applicant had not, however, demonstrated a favorable response to the same. Significant complaints of pain persisted. The applicant remains off of work, on total temporary disability. The applicant remained dependent on opioid agents such as Norco and Tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite prior usage of the traction device on a trial basis. Therefore, the request was not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary; Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic. Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chronic Pain Chapter, Urine Drug Testing topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish

specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter urine drug testing topic, however, stipulates that an attending provider should clearly state which drug tests or drug panels he intends to test for, attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and attempt to conform to the best practice of the United States Department Transportation (DOT) when performing testing. Here, however, it was not clearly stated when the applicant was last tested. The handwritten progress notes were extremely difficult to follow and did not clearly state when the applicant was last tested. The applicant's complete medication list was likewise not readily apparent. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.