

Case Number:	CM15-0108114		
Date Assigned:	06/16/2015	Date of Injury:	09/30/2013
Decision Date:	07/16/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 33 year old female with a September 30, 2013 date of injury. A progress note dated April 27, 2015 documents subjective findings (lower back pain rated at a level of 7-8/10; right leg pain; weakness in the lower extremities; anxiety; depression), objective findings (tenderness of the lumbosacral spine; decreased range of motion of the lumbosacral spine; positive straight leg raise test on the right; decreased right ankle reflexes), and current diagnoses (lumbar radiculitis; lumbar spondylosis; chronic pain syndrome). Treatments to date have included magnetic resonance imaging of the lumbar spine (showed degenerative disc disease at L4/5 and L5/S1; mild spinal stenosis at L4/5), nerve conduction velocity study (showed normal findings), physical therapy (no lasting relief), injections (didn't provide relief), chiropractic treatment (complained of neck stiffness worsened after adjustments), epidural steroid injection (made the pain worse), and medications. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Tramadol, acupuncture, and a transcutaneous electrical nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the treating physician recommends a trial of tramadol and to discontinue Norco. Prior reviews for Norco were not supported due to lack of efficacy information. The available documentation continues to lack evidence of significant pain relief, functional improvement, current urine drug screen, risk assessment profile, or an updated and signed pain contract. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for prospective use of tramadol is not medically necessary.

Acupuncture sessions, lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. It is unclear how many prior visits of acupuncture the injured worker has participated in and any functional gains derived from the visits is not documented. Additionally, this request does not include the number of visits requested. The request for acupuncture sessions, lumbar is not medically necessary.

TENS unit & supplies (rental or purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 114-116.

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. In this case, the injured worker has had a trial period with a TENS unit and reported subjective pain relief. However, there is no documentation of functional gains derived from the use of the TENS unit. Additionally, there is no indication that the injured worker has decreased medication usage as a result of using the TENS. The request for TENS unit & supplies (rental or purchase) is not medically necessary.