

<b>Case Number:</b>	CM15-0133382		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	04/22/2004
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 injured worker is a 69 year old male, who sustained an industrial injury on 4/22/2004. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include neuroforaminal narrowing, lumbar spinal stenosis, and lumbar spondylosis. Treatments to date include medication therapy and acupuncture treatments. Currently, he complained of low back pain rated 8/10 VAS. On 6/4/15, the physical examination documented lumbar tenderness, and pain with range of motion and a positive straight leg raise test. The plan of care included an additional eight (8) sessions of acupuncture, and Tramadol 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Acupuncture sessions:** Upheld

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

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

**Decision rationale:** "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time for functional improvement can take 6 sessions. In this case, the claimant had already undergone at least 6 sessions in the past. Prior progress notes were not provided. Acupuncture is an option, but the additional 8 sessions is not medically necessary.

**60 Tramadol 50mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant's pain was 8/10. The claimant was on Tramadol along with Motrin. Pain response to medication or length of prior use is unknown. Failure of Tylenol or Tricyclic is unknown. The Tramadol is not justified and not medically necessary.