

Case Number:	CM15-0181216		
Date Assigned:	09/22/2015	Date of Injury:	10/02/2008
Decision Date:	10/27/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old female with a date of injury on 10-2-2008. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain-strain. According to the progress report dated 8-26-2015, the injured worker reported "my pain is OK." She reported benefit from chiropractic treatment and acupuncture. She complained of pain in her right lateral back going down to her buttock with cramping, numbness and tingling. The report was hand written and difficult to decipher. The physical exam (8-26-2015) revealed decreased lumbar flexion and tenderness to palpation. Treatment has included chiropractic treatment, acupuncture and medications. Current medications included Diclofenac, Omeprazole, Lidopro and Cymbalta. The injured worker has been prescribed Tramadol since at least 3-17-2015. The request for authorization dated 8-26-2015 was for continued acupuncture sessions and Tramadol. The original Utilization Review (UR) (8-31-2015) denied a request for six continued acupuncture sessions. Utilization Review modified a request for Tramadol ER 100mg #60 to #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 continued acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: 6 continued acupuncture sessions are not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The documentation indicates that the patient has had prior acupuncture but there is no evidence that prior acupuncture has caused significant objective increase in function. Therefore, additional acupuncture is not medically necessary.

Tramadol ER 100mg #60, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Tramadol ER 100mg #60, 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement. Therefore, the request for continued Tramadol is not medically necessary.