

Case Number:	CM15-0185832		
Date Assigned:	09/28/2015	Date of Injury:	08/20/2014
Decision Date:	11/06/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, Florida, 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:

The injured worker is a 48 year old male, who sustained an industrial injury on August 20, 2014. Medical records indicate that the injured worker is undergoing treatment for displacement of lumbar intervertebral disc without myelopathy, lumbar radiculitis, right greater trochanter bursitis, cervicalgia, right lateral epicondylitis, chronic post traumatic headaches, constipation due to pain medication and chronic pain syndrome. The injured worker was temporarily totally disabled. On (9-4-15) the injured worker complained of bilateral neck pain without radiation. The injured worker also noted low back pain with radiation to the bilateral lower extremities. The pain was rated 8.5 out of 10 and was worse with standing, walking, lifting and bending. The injured workers pain was noted to frequently awaken him from sleep. Objective findings include tenderness without spasm of the cervical and lumbar paravertebral muscles bilaterally. Cervical and lumbar range of motion was decreased. A straight leg raise test was positive bilaterally. Subsequent progress notes (7-10-15, and 5-8-15) indicate the injured workers pain levels were on average 7 out of 10. Treatment and evaluation to date has included medications, x-rays, MRI, random urine toxicology screenings, chiropractic treatments and physical therapy. Current medications (7-10-15) include Tramadol (since at least April of 2015), Docuprene (since at least July of 2015), Flexeril and Methyl Salicylate topical cream. Current requested treatments include Tramadol (Ultram) 50 mg # 60, Docuprene 100 mg # 60 and acupuncture sessions # 9. The Utilization Review documentation dated 9-17-15 non-certified the requests for Tramadol (Ultram) 50 mg # 60 and Docuprene 100 mg # 60 and modified the request for acupuncture sessions to # 6 (original request # 9).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultram) 50 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant was injured in 2014 with displacement of a lumbar intervertebral disc without myelopathy, lumbar radiculitis, right greater trochanter bursitis, cervicgia, right lateral epicondylitis, chronic post traumatic headaches, constipation due to pain medication and chronic pain syndrome. Subsequent progress notes (7-10-15, and 5-8-15) indicate the injured workers pain levels were on average 7 out of 10. Treatment and evaluation to date has included medications, x-rays, MRI, random urine toxicology screenings, chiropractic treatments and physical therapy. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long term use of Tramadol is therefore not supported. The request is not certified. Therefore, the requested treatment is not medically necessary.

Docuprene 100 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, 2015 web edition, regarding Docusate.

Decision rationale: The claimant was injured in 2014 with displacement of a lumbar intervertebral disc without myelopathy, lumbar radiculitis, right greater trochanter bursitis, cervicgia, right lateral epicondylitis, chronic post traumatic headaches, constipation due to pain medication and chronic pain syndrome. Subsequent progress notes (7-10-15, and 5-8-15) indicate the injured workers pain levels were on average 7 out of 10. Treatment and evaluation to date has included medications, x-rays, MRI, random urine toxicology screenings, chiropractic treatments and physical therapy. The MTUS and the ODG are silent on Docuprene (Docusate). The Physician Desk Reference notes it is to soften stool and prevent constipation. It is not clear that there actually was constipation, and therefore that the medicine was essential. Also, natural fiber and other sources of avoiding constipation were not tried and exhausted per the records. The request is appropriately non-certified. Therefore, the requested treatment is not medically necessary.

Acupuncture x 9 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant was injured in 2014 with displacement of a lumbar intervertebral disc without myelopathy, lumbar radiculitis, right greater trochanter bursitis, cervicalgia, right lateral epicondylitis, chronic post traumatic headaches, constipation due to pain medication and chronic pain syndrome. Subsequent progress notes (7-10-15, and 5-8-15) indicate the injured workers pain levels were on average 7 out of 10. Treatment and evaluation to date has included medications, x-rays, MRI, random urine toxicology screenings, chiropractic treatments and physical therapy. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested is above guides as to what may be effective. The sessions were appropriately non-certified under the MTUS Acupuncture criteria.