

Case Number:	CM15-0188560		
Date Assigned:	09/30/2015	Date of Injury:	11/17/1999
Decision Date:	11/16/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/24/2015

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, New York, 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 applicant is a represented 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 17, 1999. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve requests for 6 sessions of acupuncture, Tramadol, and Lyrica. The claims administrator referenced an August 7, 2015 office visit and associated RFA forms of August 11, 2015 and August 18, 2015 in its determination. The applicant's attorney subsequently appealed. On an August 31, 2015 office visit, the applicant reported multifocal complaints of neck and low back pain with ancillary complaints of mood disturbance as seen in bipolar disorder. The applicant was on Tylenol, Ativan, Lyrica, Mobic, and Tramadol, it was reported. Voltaren gel had proven ineffectual, the treating provider stated. Trigger point injections were apparently performed. Additional acupuncture was again sought while the attending provider reiterated request for Lyrica and Tramadol. The applicant's work status was not seemingly discussed or detailed. The attending provider stated that the applicant had completed 12 sessions of manipulative therapy in 2015 and 6 sessions of acupuncture in 2015. Little seeming discussion of medication efficacy transpired. On an RFA form dated August 11, 2015, Tramadol, Lyrica, and the acupuncture at issue were sought. On an associated progress note of August 11, 2015, the applicant again reported ongoing complaints of neck pain radiating to the bilateral arms, exacerbated by carrying and lifting. The attending provider stated that Tramadol was generating 50% reduction in pain scores while Lyrica was generating 30% reduction in pain scores. The attending provider acknowledged that the applicant had completed 6 acupuncture treatments earlier in 2015. Tramadol, Lyrica, and additional acupuncture were sought. Repeat trigger point injections were also endorsed. Once again, the applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine and lumbar spine quantity 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: No, the request for 6 sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture as the applicant had reportedly had 6 prior acupuncture treatments in 2015 alone, the treating provider stated on his August 7, 2015 office visit. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, the applicant's work status was not reported on office visit of August 7, 2012 or August 31, 2015, suggesting that the applicant was not, in fact, working. The applicant's receipt of 6 prior acupuncture treatments failed to curtail the applicant's dependence on opioid agents such as Tramadol, it was acknowledged on the August 7, 2015 office visit at issue. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier acupuncture over the course of the claim. Therefore, the request for additional acupuncture was not medically necessary.

Tramadol 50mg quantity 30 with two refills: 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.

Decision rationale: Similarly, the request for Tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on office visits of August 7, 2015 and August 31, 2015, suggesting that the applicant was not, in fact, working. While the treating provider did recount a reduction in pain scores reportedly achieved as a result of ongoing Tramadol usage, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Tramadol usage. Therefore, the request was not medically necessary.

Lyrica 50mg quantity 90 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Pregabalin (Lyrica).

Decision rationale: Finally, the request for Lyrica, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is FDA approved in treatment of diabetic neuropathic pain and/or neuropathic pain associated with postherpetic neuralgia and, by analogy, can be employed for neuropathic pain complaints in general, as was seemingly present here in the form of the applicant's cervical radicular pain complaints present on August 7, 2015, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, while the attending provider did recount a reported reduction in pain scores of 30% on August 7, 2015 with ongoing Lyrica usage, these reports, were, however, outweighed by the attending provider's commentary to the effect that the applicant was still having difficulty performing activities of daily living as basic as carrying and lifting despite ongoing Lyrica usage. Ongoing usage of Lyrica failed to curtail the applicant's dependence on opioid agents such as Tramadol. The applicant's work status was not clearly reported on August 7, 2015. Ongoing usage of Lyrica failed to curtail the applicant's dependence on other forms of medical treatment to include acupuncture and trigger point injections, the treating provider acknowledged on August 7, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.