

Case Number:	CM15-0192530		
Date Assigned:	10/06/2015	Date of Injury:	04/22/2013
Decision Date:	11/16/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/30/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 57 year old female, who sustained an industrial injury on 04-22-2013. The injured worker was diagnosed as having periarthritis-shoulder, cervical intervertebral disc disorder with myelopathy, rotator cuff syndrome-shoulder carpal tunnel syndrome, lumbar intervertebral disk disorder with myelopathy, carpal tunnel syndrome-wrist, internal derangement - knee and tear of medial cartilage or meniscus of knee. On medical records dated 09-04-2015, the subjective complaints were noted as right anterior wrist, right anterior hand, right posterior wrist; right posterior hand, left anterior knee, left anterior shoulder, left posterior shoulder, and left cervical dorsal, left lumbar, lumbar, right lumbar left sacroiliac and right sacroiliac pain. Pain was noted a 4 out of 10, pain was noted a 5 at its worst and a 2 at its best. Objective findings were noted as tenderness at left anterior shoulder, left clavicular, left anterior arm, lumbar, left sacroiliac, right sacroiliac, sacral, left buttock, right buttock and left anterior knee. A decreased left shoulder range of motion was noted and positive impingement. Lumbar spine range of motion was decreased and a positive Kemp's sing was noted. Left medial joint line tenderness of left knee was noted, with crepitus, edema and a decreased range of motion. Treatments to date included home exercise, acupuncture periarthritis and interferential unit. The injured worker was noted to be totally temporary disabled. Current medications were not listed as 09-04-2015. The Utilization Review (UR) was dated 09-14-2015. A Request for Authorization was dated 09-04-2015. The UR submitted for this medical review indicated that the request for

Tramadol 100mg, Prilosec 20mg #45 and Acupuncture 2 times a week for 3 weeks for the lumbar was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®).

Decision rationale: Tramadol is classified as a central acting synthetic opioids. MTUS states regarding tramadol "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. MTUS states "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Tramadol 100mg #45 is not medically necessary.

Prilosec 20mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) Age > 65 years; (2) History of peptic ulcer, GI bleeding or perforation; (3) Concurrent use of

ASA, corticosteroids, and/or an anticoagulant; or (4) High dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily) or (2) A Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Prilosec 20mg #45 is not medically necessary.

Acupuncture 2 times a week for 3 weeks for the lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines clearly state that "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." ODG does not recommend acupuncture for acute low back pain, but may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts. The initial trial should be 3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) The medical documents did not provide indicate this patient has attended acupuncture since at least 06/2015. It appears the patient is in excess of guideline recommendations of up to 8-12 visits over 4-6 weeks. As such, the request for Acupuncture 2 times a week for 3 weeks for the lumbar is not medically necessary.