

<b>Case Number:</b>	CM15-0196401		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	04/23/2008
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, 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 46 year old female, who sustained an industrial injury on 04-23-2008. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain, lumbar degenerative disc disease, lumbar spinal stenosis, and lumbar facet arthropathy. Medical records (05-29-2015 to 09-23-2015) indicate ongoing and constant axial low back pain. Pain levels were 5-7 out of 10 on a visual analog scale (VAS). Activity levels and level of functioning were not specifically addressed. The IW's work status was not specified. The physical exam, dated 09-23-2015, revealed an antalgic gait, tenderness over the lumbar paraspinal musculature from L4-5 to L5-S1 bilaterally, positive facet joint maneuvers bilaterally, and limited active range of motion in the lumbar spine. Relevant treatments have included: acupuncture, work restrictions, and pain medications (Norco and tramadol since at least 02-2015). The treating physician indicates that MRI of the lumbar spine (2008) showed mild degenerative disc disease at L4-S1 with bilateral mild facet arthropathy, moderate left and mild-to-moderate right foraminal stenosis, and bilateral mild L4-5 caudal foraminal stenosis. The patient had used a TENS unit for this injury. The patient had received an unspecified number of aquatic, acupuncture and PT visits for this injury. Per the note dated 5/20/15 the patient had moderate to excellent pain relief with past acupuncture sessions and had reduction in oral pain medication. The medication list includes Norco, Tramadol, Motrin and Flexeril. Per the note dated 10/12/15 the patient had complaints of low back pain at 4/10. Physical examination revealed antalgic gait. The patient has had history of positive facet joint maneuver bilaterally. The patient had a UDS in 2012, 2011 and 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 8-sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Per the CA MTUS Acupuncture medical treatment guidelines cited below 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. The medical records provided did not specify a plan to reduce pain medications, or intolerance to pain medications that patient is taking currently. CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Patient has received an unspecified number of acupuncture visits for this injury. The requested additional visits in addition to the previously certified acupuncture sessions are more than the recommended by the cited criteria. The patient has received an unspecified number of PT visits for this injury. A detailed response to prior rehabilitation therapy including PT/acupuncture /pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain no accompanying current PT/acupuncture evaluation for this patient. The prior conservative therapy visit notes were not specified in the records provided. Evidence of diminished effectiveness of the oral medications was not specified in the records provided. Therefore, the request is not medically necessary.

**Norco 10/325mg, #20:** Upheld

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

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

**Decision rationale:** Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, 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. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient.

pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with non-opioid medications (antidepressants/ anticonvulsants), without the use of opioid, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. Therefore, the request is not medically necessary.

**Tramadol 50mg, #40:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

**Decision rationale:** Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines, central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. Cited guidelines also state that, a recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The patient has had history of low back pain, lumbar degenerative disc disease, lumbar spinal stenosis, and lumbar facet arthropathy. Medical records (05-29-2015 to 09-23-2015) indicate ongoing and constant axial low back pain at 5-7 out of 10 on a visual analog scale (VAS). The physical exam, dated 09-23-2015, revealed an antalgic gait, tenderness over the lumbar paraspinal musculature from L4-5 to L5-S1 bilaterally, positive facet joint maneuvers bilaterally, and limited active range of motion in the lumbar spine. The treating physician indicates that MRI of the lumbar spine (2008) showed moderate left and mild-to -moderate right foraminal stenosis. Therefore there is some evidence of abnormal objective findings. Patient is already taking a NSAID and a muscle relaxant. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. Therefore the request is medically appropriate and necessary.