

<b>Case Number:</b>	CM15-0202531		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	10/30/2005
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Arizona, 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:

This is a 57-year-old female with a date of industrial injury 10-30-2005. The medical records indicated the injured worker (IW) was treated for status post right shoulder scope (10-8-12); status post cervical sprain with fusion (2-12-09); right elbow lateral epicondylitis; and status post right carpal tunnel syndrome with residual (2007). In the progress notes (9-10-15), the IW reported cervical spine pain. Medications included Tramadol (since at least 2014), Fioricet, Prilosec and Flurbiprofen cream. The records reviewed did not include information about improvement in pain or function with Tramadol. On examination (9-10-15 notes), she moved with some stiffness and there was guarding of the right arm. Tenderness was present in the cervical spine, right shoulder and right elbow. Spurling's sign was negative and Tinel's and Phalen's signs were negative. Treatments included physical therapy and cervical fusion. The records provided did not indicate the IW had previous acupuncture therapy. The IW was released for modified duty. A urine drug screen on 6-10-14 was inconsistent with medications prescribed. A Request for Authorization was received for acupuncture for the cervical spine, right shoulder and right arm, six sessions and Tramadol 50mg, #240. The Utilization Review on 9-29-15 non- certified the request for acupuncture for the cervical spine, right shoulder and right arm, six sessions and modified the request for Tramadol 50mg, #240.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture to the cervical, right shoulder and right arm x6 sessions:** Overturned

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

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

**Decision rationale:** 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. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant had persistent pain despite undergoing therapy and using medications. The use of Acupuncture for 6 sessions is medically necessary.

**Tramadol 50mg, #240:** Upheld

**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, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on Tramadol for over a year. Long-term use is not indicated. In addition, there was no mention of failure of Tylenol or pain score reduction with the use of the medication. Continued and chronic use of Tramadol is not medically necessary.