

Case Number:	CM15-0059106		
Date Assigned:	04/03/2015	Date of Injury:	06/01/1994
Decision Date:	05/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 61-year-old female who sustained an industrial injury on 06/01/1994. Diagnoses include bilateral shoulder impingement syndrome. Treatment to date has included medications, shoulder injection and physical therapy. Diagnostics performed to date included x-rays. According to the progress notes dated of service 1/21/15, the IW reported pain in the bilateral shoulders. A previous right shoulder injection was not helpful. On examination, the right shoulder showed erythema, swelling and tenderness with crepitus on motion. A request was made for eight acupuncture sessions for the right shoulder and a prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guideline Page(s): 13.

Decision rationale: Based on the 1/21/15 progress report provided by the treating physician, this patient presents with headaches, neck pain, bilateral shoulder pain, mid-back pain, and bilateral wrist pain. The treater has asked for 8 acupuncture sessions on 1/21/15, stating: "acupuncture instead of physical therapy would be helpful for the right shoulder." The request for authorization was not included in provided reports. The low back pain also radiates into the bilateral lower extremities per 12/3/14 report. The patient is s/p an unspecified right shoulder injection on 12/3/14 that did not help and has made her shoulder stiffer and more weak in the past month per 1/21/15 report. The patient's current medications are Melatonin, Advil, and Tylenol, which are helping per 1/21/15 report. The patient is not currently attending physical therapy per 1/21/15 report. The patient has not had prior surgeries per review of reports dated 4/23/14 to 1/21/15. The patient is currently not working. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and AND reduced dependence on medical treatments. In this case, the patient does not have a record of prior acupuncture, as per review of reports dated 4/23/14 to 1/21/15. The treater is requesting for 8 sessions of acupuncture in lieu of physical therapy per requesting progress report dated 1/21/15. Given the lack of prior acupuncture treatments, a trial of 6 sessions would be reasonable. However, the requested 8 acupuncture sessions exceeds MTUS guidelines. The request IS NOT medically necessary.

Unknown Prescription for Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: Based on the 1/21/15 progress report provided by the treating physician, this patient presents with headaches, neck pain, bilateral shoulder pain, mid-back pain, and bilateral wrist pain. The treater has asked for unknown prescription for tramadol on 1/21/15 "for pain relief." The request for authorization was not included in provided reports. The low back pain also radiates into the bilateral lower extremities per 12/3/14 report. The patient is s/p an unspecified right shoulder injection on 12/3/14 that did not help and has made her shoulder stiffer and more weak in the past month per 1/21/15 report. The patient's current medications are Melatonin, Advil, and Tylenol, which are helping per 1/21/15 report. The patient is not currently attending physical therapy per 1/21/15 report. The patient has not had prior surgeries per review of reports dated 4/23/14 to 1/21/15. The patient is currently not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient has been taking opiates long term per utilization review letter

dated 3/13/15. The patient was taking Norco in 4/23/14 and 8/27/14 reports. The patient switched from Norco to Tramadol in September of 2014 per utilization review letter dated 3/13/15. The treater is requesting Tramadol in 1/21/15 progress report "for pain relief." In this case, the patient has been taking Tramadol for at least three months, and the treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, and the lack of specificity regarding quantity of the requested Tramadol, the request IS NOT medically necessary.