

Case Number:	CM15-0085879		
Date Assigned:	05/07/2015	Date of Injury:	05/24/1990
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/04/2015

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 65-year-old male, who sustained an industrial injury on 05/24/1990. According to a progress report dated 03/11/2015, the injured worker complained of neck pain that radiated down the bilateral upper extremities, low back pain that radiated down the bilateral lower extremities accompanied with numbness frequently in the bilateral lower extremities to the level of the feet and tingling frequently in the bilateral lower extremities to the level of the foot, ongoing headaches, feelings of depression and frequent urination. He also reported chronic gastroesophageal reflux disease related medication associated gastrointestinal upset. Pain was rated 9 on a scale of 1-10 on average with medications since the last visit and 10 without medications. Physical examination of the lumbar spine revealed limited range of motion, tenderness on palpation, positive SLR and slow gait, decreased strength and sensation in bilateral LE. The injured worker reported ongoing limitations in activities of daily living due to pain. He requested group therapy. He stated that he cried frequently, felt extremely sad and did not want to get out of bed in the morning. He indicated fleeting thoughts of suicide and had been hospitalized 4 years prior for attempted suicide. The injured worker reported that the use of acupuncture and current medications were helpful. Diagnoses included lumbar disc degeneration, chronic pain other, lumbar radiculopathy, diabetes mellitus, history of depression with suicidal ideation and psoriatic arthropathy. Treatment to date has included medications, acupuncture, lumbar epidural steroid injection and treatment by psychiatry. Treatment plan included home exercise program, acupuncture, Omeprazole, Tramadol, Benicar and Naprosyn. According to the oldest progress report submitted for review and dating back to 10/28/2014, the

injured worker was utilizing Tramadol at that time. According to the most current progress report submitted for review, there have been no changes in subjective complaints in comparison to the report on 10/28/2014 and reported pain levels have actually increased since that time. Currently under review is the request for acupuncture and Tramadol. The medication list include Benicar, Naprosyn, omeprazole, Tramadol. The patient has had MRI of the low back on 9/9/14 that revealed disc bulge with foraminal narrowing, and facet hypertrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 4 Acupuncture Sessions. MTUS Guidelines Acupuncture Medical Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines. 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 any 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 prior acupuncture therapy visit notes were not specified in the records provided. There was no evidence of significant ongoing progressive functional improvement from the previous acupuncture visits that was documented in the records provided. Patient has received an unspecified number of PT visits for this injury. Response to any 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. Prior conservative therapy visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. The medical necessity, of 4 Acupuncture Sessions is not fully established.

Tramadol 50mg, #45: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

Decision rationale: Tramadol 50mg, #45. 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. (Kumar, 2003)" 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. According to a progress report dated 03/11/2015, the injured worker complained of neck pain that radiated down the bilateral upper extremities, low back pain that radiated down the bilateral lower extremities accompanied with numbness frequently in the bilateral lower extremities to the level of the feet and tingling frequently in the bilateral lower extremities to the level of the foot, ongoing headaches, feelings of depression and frequent urination. Pain was rated 9 on a scale of 1-10 on average with medications since the last visit and 10 without medications. Physical examination of the lumbar spine revealed limited range of motion, tenderness on palpation, positive SLR and slow gait, decreased strength and sensation in bilateral LE. The patient has had MRI of the low back on 9/9/14 that revealed disc bulge with foraminal narrowing, and facet hypertrophy. Patient is already taking a NSAID. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain with abnormal objective physical exam findings and imaging studies 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. This request for Tramadol 50mg, #45 is deemed as medically appropriate and necessary.