

Case Number:	CM15-0018884		
Date Assigned:	02/06/2015	Date of Injury:	01/29/2014
Decision Date:	03/31/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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 is a 46 year old female, who sustained an industrial injury on 1/29/2014. The current diagnoses are herniated nucleus pulposus of the cervical spine, cervical radiculopathy, and lumbar radiculopathy. Currently, the injured worker complains of neck pain that radiates into her right shoulder and down her right arm with numbness and tingling in her right hand and fingers. The pain is rated 6/10 on a subjective pain scale. Additionally, she reports lower back pain that radiates down her right leg causing constant numbness in her right foot and toes. She rates the pain in her low back 5/10. Examination of the cervical spine reveals moderate tenderness and spasms in the right cervical paraspinal musculature and right upper trapezius where myofascial trigger points were noted. There is tenderness in the midline lumbar spine and right low back. Treatment to date has included Zorvelex and acupuncture. Per notes, after completion of 8 acupuncture sessions she reports improvement with range of motion. The treating physician is requesting continued acupuncture sessions 2 times 4 for the neck and low back, Tramadol 50 mg #90, and Senokot-S #90, which is now under review. On 1/8/2015, Utilization Review had non-certified a request for continued acupuncture sessions 2 times 4 for the neck and low back, Tramadol 50 mg #90, and Senokot-S #90. The California MTUS Chronic Pain and Acupuncture Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued acupuncture sessions 2 times 4 for the neck and low back: 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 Guidelines Page(s): 13.

Decision rationale: The patient presents with neck pain radiating to right upper extremity rated at 6/10 and low back pain radiating to right lower extremity rated at 5/10. The request is for CONTINUED ACUPUNCTURE SESSIONS 2 TIMES 4 FOR THE NECK AND LOW BACK. The request for authorization is not available. MRI of the lumbar spine 10/06/14 shows disc desiccation at L3-L4, 3.6mm focal right foraminal disc herniation at L2-L3, 3.6mm diffuse disc herniation abutting the thecal sac at L3-L4. Patient has decreased range of motion of the lumbar spine. Straight leg raise was positive on the right side. Per progress report dated 12/22/14, patient has completed eight sessions of acupuncture and reports improvement with range of motion. The patient is to continue home exercise program. Patient's medication include Zorvelex, Tramadol and Senokot-S. The patient is not working.9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)."Per progress report dated 12/22/14, treater's reason for the request is "for neck and low back pain." Per report dated 12/22/14, reflects the patient's 8/8 authorized acupuncture treatments. MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status AND reduced dependence on other medical treatments, prior to extending additional treatments. However, there are no discussions of specific examples describing significant change in ADL's or work functions, nor documented decrease in medications, to warrant extension of acupuncture treatment. Therefore, the request IS NOT medically necessary.

Tramadol 50 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: The patient presents with neck pain radiating to right upper extremity rated at 6/10 and low back pain radiating to right lower extremity rated at 5/10. The request is for TRAMADOL 50MG #90. The request for authorization is not available. MRI of the lumbar spine 10/06/14 shows disc desiccation at L3-L4, 3.6mm focal right foraminal disc herniation at L2-L3, 3.6mm diffuse disc herniation abutting the thecal sac at L3-L4. Patient has decreased range of motion of the lumbar spine. Straight leg raise was positive on the right side. Per progress report dated 12/22/14, patient has completed eight sessions of acupuncture and reports

improvement with range of motion. The patient is to continue home exercise program. Patient's medication include Zorvelex, Tramadol and Senokot-S. The patient is not working. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Treater has not provided reason for the request. It appears as though the patient has not yet taken this medication, but is not clearly stated by treater. UDS report dated 08/19/14 was negative for any opiates including Tramadol. It is within MTUS guidelines to trial opiates to determine it's efficacy. Therefore, the request IS medically necessary.

Senokot-S #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines therapeutic trial of opioids Page(s): 77.

Decision rationale: The patient presents with neck pain radiating to right upper extremity rated at 6/10 and low back pain radiating to right lower extremity rated at 5/10. The request is for SENOKOT-S #90. The request for authorization is not available. MRI of the lumbar spine 10/06/14 shows disc desiccation at L3-L4, 3.6mm focal right foraminal disc herniation at L2-L3, 3.6mm diffuse disc herniation abutting the thecal sac at L3-L4. Patient has decreased range of motion of the lumbar spine. Straight leg raise was positive on the right side. Per progress report dated 12/22/14, patient has completed eight sessions of acupuncture and reports improvement with range of motion. The patient is to continue home exercise program. Patient's medication include Zorvelex, Tramadol and Senokot-S. The patient is not working. MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Treater has not provided reason for the request. In this case, medical records indicate this patient has started a trial of opiates on 12/22/14. The MTUS guideline recognizes constipation as a common side effect of chronic opiate use. Therefore, the request IS medically necessary.