

<b>Case Number:</b>	CM15-0115795		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, North Carolina  
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 38 year old male, who sustained an industrial injury on 05/13/2013. On provider visit dated 05/28/2015 the injured worker has reported thoracic spine pain. On examination of range of motion at cervical and thoracic spine was noted as rigid, decreased and painful. The diagnoses have included sprain of back NOS, sprain of knee and leg NOS and Migraine NOS. Treatment to date has included medication, surgical intervention, and physical therapy. The provider requested Tramadol and acupuncture for the thoracic spine 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-80.

**Decision rationale:** The request is for Tramadol, a synthetic opioid indicated for moderate to severe pain. Opioids have been suggested for neuropathic pain that has not responded to first-line agents such as antidepressants and anticonvulsants. The date of injury was 2013. Long-term opioids are not recommended for chronic back pain. In this case, there is no documentation of functional improvement with the long-term use of opioids. There is also no evidence of drug compliance with urine drug screening. Therefore this request is deemed not medically necessary.

**Acupuncture for the thoracic spine (12 sessions):** Upheld

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

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

**Decision rationale:** The request is for 12 acupuncture treatments for the diagnosis of thoracic spine pain. MTUS guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, used as an adjunct to physical rehab and/or surgical intervention to hasten functional recovery. The recommended time to produce functional improvement is 3-6 visits. The request here for 12 visits exceeds the guideline recommendations and as such is deemed not medically necessary.