

Case Number:	CM15-0117308		
Date Assigned:	06/30/2015	Date of Injury:	12/31/2007
Decision Date:	09/02/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/17/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 61 year old male, who sustained an industrial injury on 12/31/07. The injured worker was diagnosed as having herniated disc cervical spine, C4-5, C5-6, C6-7 and C7-T1; status post posterior cervical laminectomy and decompression from C3-7, herniated disc thoracic spine T1-2 and T2-3 and herniated disc lumbar spine with foraminal narrowing at L5-S1 on right. Treatment to date has included oral medications including Celebrex, Orphenadrine, Lyrica and Zolpidem, acupuncture and activity restrictions. Electromyography performed on 3/28/15 noted mild bilateral carpal tunnel syndrome and mild bilateral ulnar neuropathy at the elbow and chronic/previous C7 radiculopathy. Currently on 5/4/15, the injured worker complains of neck pain with radiation to right shoulder with numbness and tingling on the right arm down to the hand and a burning sensation on the neck; there is also mid and low back constant pain with radiation down right leg to the foot with numbness and tingling. There is no documentation of the severity of the pain; however on 3/9/15, the injured worker noted the neck and back pain to be 9/10. He is not currently working and is considered permanent and stationary. On 3/23/15 a neurologist noted the pain was rated 8/10 and increased with activity. Documentation of acupuncture treatments performed from 3/17/15 to 5/8/15 noted the injured worker to be improving. Physical exam on 5/4/15 noted tenderness over upper trapezius, levator scapulae and rhomboids bilaterally. The treatment plan included prescription for Tramadol 50mg #200 with 4 refills, authorization for treatment for pain management, continuation of Tramadol, Celebrex, Orphenadrine, Lyrica and Zolpidem and a return visit in 6-8 weeks. The treatment plan also included a prescription for acupuncture 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #200 one or two QID prn pain x4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to MTUS guidelines, use of opioids requires is ongoing review and documentation of pain relief and improved functional status. The injured worker noted the pain was constant and on previous visit rated the pain as 9/10. The injury occurred in 2007, rendering the pain chronic. He is currently not working. The MTUS recommends prescribing according to function with specific functional goals, random drug testing, and use of an opioid contract; these were not documented. The MTUS recommends monitoring including assessment for adverse effects and aberrant drug-taking behaviors; these were also not documented. Additionally, the IW was reported to be experiencing pain relief with current medications and there was no discussion of the need for increasing therapy. Therefore, the request for Tramadol is not medically necessary.

Acupuncture 2 times per week for 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated. "The frequency and duration of acupuncture may be performed as: time to produce functional improvement 3-6 visits; frequency 1-3 times a week, optimum duration 1-2 months and treatments may be extended if functional improvement is documented." The injured worker has previously received acupuncture, the documentation states he is improving; however there is lack of documented functional improvement in activities of daily living and dependency on continued medical care. There is no documentation as to how many acupuncture sessions he has previously received to determine if the guideline will be exceeded with additional sessions. The MTUS does not support continuing acupuncture without more specific evidence of functional improvement. He is currently not working. The current prescription for acupuncture 8 visits, is therefore not medically necessary.