

<b>Case Number:</b>	CM15-0123938		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	09/27/2004
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 50 year old female, who sustained an industrial injury on 9/27/04. She has reported initial complaints of a low back injury. The diagnoses have included lumbar degenerative disc disease (DDD), chronic myalgia and myositis, chronic depression, chronic sciatica, chronic radiculopathy of the thoracic or lumbosacral spine, chronic muscle spasms and facet arthropathy. Treatment to date has included medications, activity modifications, physical therapy, acupuncture, rest, heat/ice, off of work and home exercise program (HEP). Currently, as per the physician progress note dated 6/4/15, the injured worker complains of back pain that is persistent. The pain radiates to the left ankle, arm and calf. The pain is described as an aching, shooting, numbness. She reports anxiety, depression, insomnia, headaches, and numbness in extremity, back pain, joint pain, and neck pain. The physical exam reveals that she is morbidly obese. The cervical and thoracic spine reveals moderate pain with motion. The lumbar spine reveals severe pain with motion. There is numbness in the left arm, left hip and left lower extremity (LLE). The current medications are listed. The urine drug screen dated 5/20/15 is consistent with the medications prescribed. There is no diagnostic reports noted and no previous therapy sessions noted. The physician requested treatments included Tramadol HCL 50mg #90 and Acupuncture for the lumbar spine quantity: 10 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Tramadol, Opioids, Criteria for Use, Weaning of Medications Page(s): 78-80, 93-94, 124.

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

**Decision rationale:** Per the MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Tramadol HCL 50mg #90 is not medically necessary and appropriate.

**Acupuncture for the lumbar spine quantity: 10 sessions:** Upheld

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

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

**Decision rationale:** There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria. It is unclear how many acupuncture sessions the patient has received for this chronic injury nor what specific functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture for the lumbar spine quantity: 10 sessions is not medically necessary and appropriate.

