

<b>Case Number:</b>	CM15-0129144		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: 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 47 year old male who sustained an industrial injury on 5/28/14 when he rear-ended the vehicle in front of him going 25-35 miles per hour. He felt immediate pain in the low back and bilateral lower extremities, especially the feet. Of note, he was involved in a prior motor vehicle accident on 3/19/09 sustaining a low back injury. He currently complains of constant low back pain with radiation into bilateral lower extremities greater on the right with numbness of feet on 5/7/15. On physical exam of the lumbar spine, there was a positive straight leg raise on the right causing pulling pain in the back, positive facet testing on the right, significant tenderness and taut muscle bands of the lumbar paraspinal musculature. Medications were Tramadol, ibuprofen and Lyrica. Diagnoses include lumbar spine degenerative disc disease; lumbar spine herniated disc; bilateral peroneal sensory neuropathies, lumbar spine. Treatments to date include medications; lumbar epidural steroid injection (3/23/15) with 100% relief initially and now 50% relief of pain; home exercises; acupuncture treatments which were helpful in improving range of motion and decreasing pain; chiropractic treatments which were helpful in decreasing pain. Diagnostics included electromyography/ nerve conduction studies (12/16/14) showing bilateral peripheral sensory neuropathies; MRI of the lumbar spine (5/1/14) showing degenerative disc disease; MRI lumbar spine (5/1/14) showing herniated discs. In the progress, note dated 5/19/15 the treating provider's plan of care included request for Tramadol 50 mg as needed # 70; six additional chiropractic sessions (already approved for six sessions making a total of 12 sessions); 6 additional acupuncture sessions to the lumbar spine. Patient had received ESIs for this injury. The patient had received an unspecified number of the chiropractic, PT and acupuncture visits for this injury. The patient has had UDS on 1/26/15 that was consistent for Tramadol.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #70:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

**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 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. The injured worker is a 47 year old male who sustained an industrial injury on 5/28/14 when he rear-ended the vehicle in front of him going 25-35 miles per hour. He currently complains of constant low back pain with radiation into bilateral lower extremities greater on the right with numbness of feet on 5/7/15. On physical exam of the lumbar spine, there was a positive straight leg raise on the right causing pulling pain in the back, positive facet testing on the right, significant tenderness and taut muscle bands of the lumbar paraspinal musculature. Diagnoses include lumbar spine degenerative disc disease; lumbar spine herniated disc; bilateral peroneal sensory neuropathies, lumbar spine. Diagnostics included electromyography/ nerve conduction studies (12/16/14) showing bilateral peripheral sensory neuropathies; MRI of the lumbar spine (5/1/14) showing degenerative disc disease; MRI lumbar spine (5/1/14) showing herniated discs. The patient has had UDS on 1/26/15 that was consistent for Tramadol. 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 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 #70 is deemed as medically appropriate and necessary.

**Chiropractic manipulation QTY: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." The patient had received a course of chiropractic visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The request for Chiropractic manipulation QTY: 12 is not medically necessary for this patient.

**Acupuncture sessions QTY: 6:** Upheld

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

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

**Decision rationale:** 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. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The request for acupuncture sessions QTY: 6 is not medically necessary.