

Case Number:	CM15-0024440		
Date Assigned:	02/17/2015	Date of Injury:	10/16/2012
Decision Date:	05/21/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/09/2015

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 59 year old female, who sustained an industrial injury on 10/16/2012. The mechanism of injury was not provided. She reported injury of neck, low back, upper extremity, and lower extremity. The injured worker was diagnosed as having chronic pain, lumbar radiculopathy, lumbar spinal stenosis, bilateral carpal tunnel syndrome, anxiety, depression, insomnia, and left patellar fracture. Treatment to date has included medications, epidural, and acupuncture. The request is for acupuncture, Ketoprofen, Tizanidine, Tramadol, and Zolpidem. On 1/15/2015, she has continued neck, low back, upper extremity, lower extremity pain, and ongoing headaches. She also reported insomnia due to her ongoing pain. She rated her pain as 5/10 with medications, and 9/10 without medications. She had epidural steroid injection at L4-5 and reported having 50-80% improvement. She also reported acupuncture and her current medications to be helpful. The treatment plan included: home exercise program, acupuncture, and follow-up, Ketoprofen, Tizanidine, Tramadol, and Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture; (4) visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the injured worker had previously undergone acupuncture and had 50% functional improvement. The quality of life was noted to be improved and the injured worker had an ability to attend church, bathe, brush teeth, climb stairs, comb and wash hair, concentrate, perform hobbies, dressing, mood, sexual relations, shopping, sitting, sleeping in bed. The documentation indicated the injured worker had finished 4 sessions of acupuncture and found them very helpful. The injured worker was requesting additional sessions. The documentation submitted for review indicated the injured worker had objective functional improvement. However, there was a lack of documentation indicating pain medication was reduced or not tolerated. Given the above, the request for acupuncture 4 visits, body part unspecified is not medically necessary.

Ketoprofen 50 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had objective functional benefit. However, there was a lack of documentation of an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for ketoprofen 50 mg #30 is not medically necessary.

Tizanidine 2 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the medication was beneficial. However, the duration of use could not be established. This medication is not recommended for long-term use. There was documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tizanidine 2 mg #60 is not medically necessary.

Tramadol 50 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective functional benefit with the medication. However, there was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective pain relief. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 50 mg #90 is not medically necessary.

Zolpidem 10 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Zolpidem.

Decision rationale: The Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short-term treatment of insomnia, 7-10 days. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The efficacy of the medication was not provided. However, it was noted to be beneficial. It was noted to be weaning from a previous dosage. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for zolpidem 10 mg #30 is not medically necessary.