

Case Number:	CM15-0062969		
Date Assigned:	04/08/2015	Date of Injury:	07/02/2000
Decision Date:	05/08/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 78 year old female injured worker suffered an industrial injury on 07/02/2000. The diagnoses included multiple fractures from original accident, lumbosacral neuritis and sciatica. The injured worker had been treated with medications and multiple orthopedic surgeries. On 3/5/2015 the treating provider reported constant pain in the lower back, pelvis and hips. She has impaired gait and walks with a cane with tenderness over the lumbar spine but weakness of both legs continued. The range of motion of the lower back was markedly restricted because of radiculitis and spinal stenosis. The treatment plan included Acupuncture treatment for the low back, Morphine sulfate, and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for the low back 2x week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant is nearly 15 years status post work-related injury and continues to be treated for low back, pelvic, and hip pain after sustained multiple fractures. When seen, Opana was changed to MS Contin at a total MED (morphine equivalent dose) of 120 mg per day. Trazodone was prescribed for insomnia attributed with withdrawal from Opana. Acupuncture was requested. Physical examination findings included ambulating with a cane. There was decreased lower extremity range of motion and strength. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations and the frequency of treatment was not specified. The requested acupuncture treatments were not medically necessary.

Morphine sulfate 30mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant is nearly 15 years status post work-related injury and continues to be treated for low back, pelvic, and hip pain after sustained multiple fractures. When seen, Opana was changed to MS Contin at a total MED (morphine equivalent dose) of 120 mg per day. Trazodone was prescribed for insomnia attributed with withdrawal from Opana. Acupuncture was requested. Physical examination findings included ambulating with a cane. There was decreased lower extremity range of motion and strength. MS Contin is a sustained release formulation and would be used to treat baseline pain. It is being requested as part of the claimant's ongoing management with a goal of medication weaning. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of MS Contin is medically necessary.

Trazodone 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant is nearly 15 years status post work-related injury and continues to be treated for low back, pelvic, and hip pain after sustained multiple fractures. When seen, Opana was changed to MS Contin at a total MED (morphine equivalent dose) of 120 mg per day. Trazodone was prescribed for insomnia attributed with withdrawal from Opana. Acupuncture was requested. Physical examination findings included ambulating with a cane. There was decreased lower extremity range of motion and strength. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful

evaluation of potential causes of sleep disturbance. In this case, the claimant has insomnia due to opioid withdrawal. Treatment should be directed at treating the opioid withdrawal symptoms such as clonidine. Therefore, trazodone was not medically necessary.