

<b>Case Number:</b>	CM15-0066985		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	08/03/2001
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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 63 year old male who sustained an industrial injury on 8/3/01. The injured worker reported symptoms in the neck, left shoulder and back. The injured worker was diagnosed as having low back pain, lumbar degenerative disc disease, neck pain, cervical facet pain, cervical degenerative disc disease, cervical discogenic pain, left shoulder pain, chronic pain syndrome and myalgia. Treatments to date have included home exercise program, acupuncture treatment, oral pain medication, and ice/heat application. Currently, the injured worker complains of discomfort in the neck, left shoulder and lower back. The plan of care was for medication prescriptions, acupuncture treatment and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE FOR MID BACK QTY.6:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.1 Page(s): 13.

**Decision rationale:** The patient presents with pain and weakness in his neck, mid back and lower back. The request is for 6 SESSIONS OF ACUPUNCTURE FOR THE MID BACK. Work status is unknown. MTUS guidelines page 13 refers 'Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section.' MTUS allow 3-6 sessions of acupuncture treatments for lumbar or thoracic complaints for an initial trial and up to 1-3 times a week and 1-2 months with functional improvement. In this case, the treater requested "acupuncture for his mid back since that is the only place he is currently experiencing pain." The patient had 6 sessions of acupuncture in the past, which produced functional improvement to warrant additional acupuncture. For example, acupuncture provided "over 60% pain reduction" and "he is able to sleep better, walk longer, and has better range of motion with the combination of acupuncture and his medication." The current request for 6 sessions of acupuncture combined with 6 already received would not exceed what is recommended per MTUS guidelines. The current request is medically necessary.

**TRAMADOL 150MG, QTY. 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

**Decision rationale:** The patient presents with pain in his neck, mid back, lower back and upper extremity. The request is for TRAMADOL 150MG #60. The patient has been utilizing Tramadol since at least 10/10/14. The patient underwent urine drug screenings on 10/10/14 and 11/18/14 with consistent results. Work status is unknown. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater provided drug-screening reports. The treater discusses analgesia with pain going from 2-3/10 to 0/10 and aberrant behavior but the treater doesn't discuss all 4 A's as required by MTUS guidelines. While stating that "he is able to sleep better, walk longer, and has better range of motion," no specific ADL changes are documented showing significant improvement functionally. General statements regarding ADL's and function are inadequate. Before and after pain scales are used but no validated instruments are used to show functional gains. No outcome measures are provided as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.