

Case Number:	CM15-0069074		
Date Assigned:	04/16/2015	Date of Injury:	02/18/2014
Decision Date:	05/19/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/10/2015

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, North Carolina
 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 58 year old female, who sustained an industrial/work injury on 2/18/14. She reported initial complaints of low back pain. The injured worker was diagnosed as having displacement of intervertebral disc, site unspecified, without myelopathy and lumbar sprains and strains. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of low back pain to the bilateral lower extremities. Per the primary physician's progress report (PR-2) on 3/26/15, examination noted intact neurovascular status to bilateral lower extremities and gait was normal. The requested treatments include acupuncture, Retrospective request for Ultram Tramadol HCL ER, and retrospective request for full panel drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 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 request is for acupuncture for low back and bilateral lower extremity pain. The CA MTUS states that acupuncture may be used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehab and/or surgical intervention to hasten functional recovery. In this case, no documentation is submitted showing that the claimant is actively seeking rehab or surgical intervention. As such, the claimant has not met criteria for acupuncture treatment and the request is deemed not medically necessary.

Retrospective request for Ultram Tramadol HCL ER 150mg #60 one time daily (DOS: 3/25/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94.

Decision rationale: The request is for Tramadol for chronic pain. The CA MTUS supports the use of short-term pain medication for acute pain or exacerbation of chronic pain. Tramadol is effective in managing neuropathic pain, however is not recommended as a first-line oral analgesic. The CA MTUS recommends that there should be a documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior. The clinical documentation submitted failed to provide the 4 A's to support ongoing usage. There is also no documentation of increase in function or decrease in pain with Tramadol. Weaning from this medication is recommended. Given the above, the request for Tramadol is deemed not medically necessary.

Retrospective request for full panel drug screen (DOS: 3/25/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94.

Decision rationale: The request is a retrospective request of urine drug screening in a chronic pain patient. The CA MTUS supports drug screening for ongoing use of opioids in cases of aberrant behavior and compliance with medications. There is no evidence in the records of aberrant behavior or noncompliance. In this case, it is also unknown whether or not previous drug screens have been documented. The records are also unclear as to what risk level the claimant is at, which would determine the frequency of testing. Given the lack of documentation, the retrospective request for urine drug screening is deemed not medically necessary.