

Case Number:	CM13-0041340		
Date Assigned:	12/20/2013	Date of Injury:	10/09/2012
Decision Date:	01/27/2015	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/14/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male with date of injury 10/09/2012. He was involved in a motor vehicle accident where he was struck from behind. Since that time he has had multiple sessions of physical therapy, taken medication, and two cervical nerve root blocks performed by [REDACTED] on 01/18/2013 and 04/24/2013. The patient had a Magnetic resonance imaging (MRI) of the cervical spine which showed fairly significant stenosis at C5-6 but was unable to undergo anterior cervical discectomy with fusion due to a large hemangioma in the anterior neck. Initially, the patient's medication regimen was Ambien 5 mg q.h.s., Naproxen 550 mg b.i.d., Norco 2.5/325 t.i.d. p.r.n., and Zanaflex 4 mg b.i.d. p.r.n. In July of 2013 the Zanaflex was exchanged for Flexeril 7.5 t.i.d. p.r.n. spasm. On 09/11/2013, the patient changed primary treating physicians to [REDACTED], an orthopedist. On that initial visit, [REDACTED] changed the patient's narcotic medication to Tramadol 50 mg t.i.d. p.r.n. breakthrough pain, Omeprazole 20 mg q. day, and continued the patient on Naprosyn 550 b.i.d. In [REDACTED]' most recent available progress note of 12/04/2013, he lists the patient's current diagnoses as degenerative disc disease of the cervical spine, multilevel disc bulging of the cervical spine, radiculopathy of the cervical spine, spondylosis of the cervical spine, stenosis of the cervical spine, and lumbago. There is nothing in the medical record indicating that the patient has undergone any acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture quantity 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week (3) Optimum duration: 1 to 2 months (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f). Therefore, the request is not medically necessary. The initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. Therefore, the request is not medically necessary.

Tramadol 50 mg quantity 270.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend only the short-term use of narcotics. The medical record shows that the patient has been taking Tramadol for at least three months. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The patient is reporting minimal, intermittent pain. There is no documentation supporting the continued long-term use of opioids. Therefore, the request is not medically necessary.

Urine Drug Screen administered 9/11/13 quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): page. 43..

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that previous urine drug screen had been used for any of the above indications. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. Urine drug screen is not medically necessary.

Baseline labs 9/11/13 quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define cervical pathology except in cases where cancer is suspected as the pain generator or cause of symptoms (Table 8-4). Therefore, the request is not medically necessary.