

<b>Case Number:</b>	CM13-0005893		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	02/22/1994
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, and is licensed to practice in Florida. 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 physician 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 55-year-old male who reported an injury on 02/22/1994 due to an assault while performing normal job duties as a Deputy Sheriff. The patient reportedly sustained an injury to his right shoulder and cervical spine. The patient underwent multiple surgical interventions that ultimately resulted in complex regional pain syndrome of the right scapula and bilateral arms. The patient's most recent clinical documentation indicated that the patient had increased functional capabilities secondary to acupuncture treatments and a reduction in pain medication. Objective findings included reduced range of motion of the right upper extremity and tenderness to palpation around the right parascapular region with temperature changes of the bilateral hands. The patient's treatment plan included continuation of acupuncture and the use of OxyContin for breakthrough pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions 1 every 2 weeks x4 weeks, then taper to 1 time a month for 8 sessions, totaling 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The MTUS Acupuncture Guidelines recommend additional acupuncture be based on objective functional improvement and evidence of medication reduction. The clinical documentation submitted for review does provide evidence that the patient has had an increase in functional capabilities as a result of the previous therapy. Additionally, it is noted that the patient has had a reduction in medication usage as a direct result of previous acupuncture treatments. However, the requested 9 months of treatment does not allow for timely reassessment and re-evaluation to assess for continued efficacy. Therefore, the request for acupuncture sessions is not medically necessary and appropriate.

**Oxycontin 20mg #120/30 day supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The clinical documentation submitted for review does indicate that the patient is using this medication for breakthrough pain. However, the MTUS Chronic Pain Guidelines recommend the continued use of opioids in the management of the patient's chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is assessed for aberrant behavior. The clinical documentation submitted for review does indicate that the patient's acupuncture treatments are providing functional benefit; however, functional benefit related to medication usage is not clearly defined within the paperwork. Additionally, the patient's most recent clinical documentation fails to provide a quantitative assessment of pain relief or evidence that the patient is monitored for aberrant behavior. As such, continued use of this medication would not be supported by the MTUS Chronic Pain Guidelines' recommendations. Therefore, OxyContin 20 mg #120/30 days supply, prescribed 07/22/2013 is not medically necessary and appropriate.