

Case Number:	CM13-0016440		
Date Assigned:	11/06/2013	Date of Injury:	10/02/2001
Decision Date:	05/13/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 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 42 year old male who was injured on 10/02/2001. The mechanism of injury is unknown. Prior treatment history has included left shoulder trigger point injections, 3 sessions of acupuncture therapy, and conservative therapy failed. The patient underwent a fusion of the lumbar spine in April 2004; fixation hardware was removed in 2010, and he also underwent an extension of the fusion in 2010. The patient had a dorsal column stimulator implant performed on 04/30/2012. The leads required revision and this was performed on 08/06/2012. The patient's medications as of 07/25/2013 include: (VAS pain level was 6/10) Oxycodone 30 mg, Baclofen 10 mg, Neurontin 300 mg, and Cymbalta 60 mg. A comprehensive drug panel performed on 02/27/2014 test results detected oxycodone and oxymorphone. A comprehensive drug panel performed on 01/16/2014 test results detected Morphine, hydromorphone, oxycodone, and oxymorphone. A comprehensive drug panel performed on 08/29/2013 test results detected cis-Tramadol, Cotinine, hydrocodone, nicotine, and O-Desmethyl-cis-Tramadol, oxycodone, and oxymorphone. Pain Management note dated 07/25/2013 stated the patient rated his pain as 6/10. He was status post spinal cord stimulator lead revision on 08/06/2012. The patient reported mid-thoracic pain as well as tenderness above the generator. The unit was working. He had undergone left shoulder trigger point injections per [REDACTED]. The thoracolumbar spine showed alignment and curvature were grossly normal. There was tenderness at the T7-8 level. There was also tenderness below the battery. The patient stated that the unit was working well. Neurological examination revealed sensory coverage of pain corresponding to the left L5 and S1 dermatomes with the implanted dorsal column stimulator. Deep tendon reflexes are $\hat{A}^{1/4}$ at the bilateral patellar and Achilles tendons. Pathological reflexes are absent. Motor strength is 5/5 globally throughout the bilateral lower extremities. Peripheral pulses were intact and symmetrical. The patient was diagnosed with status post spinal cord stimulator implant, Re-implantation stimulator

revision, Opioid dependence, slow reduction in progress; failed back surgery syndrome, lumbar neuralgia, sacroiliac joint pain, and exogenous depression due to chronic pain with suicidal ideation. It was recommended the patient begins weaning off the medications which was in progress; oxycodone 30 mg, Baclofen 10 mg, Neurontin 300 mg, Cymbalta 60 mg; and she was recommended acupuncture therapy for 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OXYCODONE 30MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION OXYCODONE, OPIOIDS Page(s): 97, 78-86.

Decision rationale: Oxycodone is a potentially addictive opioid analgesic medication, and it is a Schedule II controlled substance. The California MTUS guidelines indicate that opioids should be continued if the patient has returned to work and if the patient has improved functioning and pain. The Pain Management note dated 7/25/2013 states pain was rated 6/10. The medical records do not document the employee's current subjective pain levels, with and without medication use. Clinically relevant pain relief and improvement in function has not been established. There is no mention of non-opioid and non-pharmacologic means used for pain control. In addition, according to the Pain Management note dated 07/25/2013, weaning off medication was recommended and in progress. The medical records do not document the employee's current frequency and number of pills taken per day. The comprehensive drug panel tests performed on 1/16/2014 and 02/27/2014 detected oxycodone and oxymorphone. Clear evidence of weaning and tapering of oxycodone is not evident.

12 ACUPUNCTURE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS guidelines indicate that "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. An initial 3-6 sessions may be recommended for these purposes, not 12. However, the medical records do not establish acupuncture is being considered for any of these reasons. In addition, according to the records, the employee's prior treatment has included acupuncture treatment. The medical records do not demonstrate the employee obtained notable objective functional improvement with decrease in medication use or improved function, as a result of prior acupuncture treatment. Consequently, the medical necessity of Acupuncture has not been established.

