

Case Number:	CM13-0016857		
Date Assigned:	11/06/2013	Date of Injury:	11/14/1992
Decision Date:	01/14/2014	UR Denial Date:	08/07/2013
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 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 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck and left shoulder pain, reportedly associated with industrial injury of November 14, 1992. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of acupuncture; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of physical therapy; psychotropic medications; and extensive periods of time off of work. In a Utilization Review Report of August 7, 2013, the claims administrator denied a request for Ativan, partially certified a request for acupuncture, partially certified a request for manipulative therapy, and denied a request for Vicodin. The applicant's attorney later appealed, on August 27, 2013. It is noted that the claims administrator partially certified the request for acupuncture and manipulation on the grounds that the applicant did not appear to have had any recent manipulation and/or acupuncture, although it was acknowledged that the applicant has had fair amount of the same over the life of the claim. A prior clinical progress note of July 25, 2013 is notable for comments that the applicant reports persistent low back pain. The applicant is now reporting more pain about the back, neck, and shoulder. The applicant is on Zocor, Dexalone, benazepril, Lopressor, Ativan, Dilaudid, Soma, and Vicodin. There is tenderness and limited range of motion about the lumbar spine. The applicant is overweight with a BMI of 28. The applicant is given medical refills and asked to pursue additional physical therapy and manipulation while remaining off of work, on total temporary disability. It is stated that there is no chance that the applicant is ever going back to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: As noted on the Page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Ativan are not recommended for chronic or long-term use purposes, for pain, anxiety, and said convulsant effect, hypnotic effect, muscle relaxant effect, etc. In this case, as with many of the other drugs, there is no evidence that the applicant has affected any functional improvement as defined in MTUS 9792 through prior usage of Ativan so as to make a case for a variance from the guidelines. Therefore, the original utilization review decision is upheld.

6 acupuncture sessions for cervical spine and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claim's administrator initially partially certified a request for four sessions of acupuncture through the prior utilization review report of August 7, 2013. As noted in the MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. Thus, on balance, I have no issue with the four-session partial certification issued by the claims administrator. The request is therefore non-certified

12 chiropractic manipulation sessions for cervical spine and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59 and 60.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of manipulative therapy in those applicants who successfully demonstrate functional improvement by returning to work, in this case, there is no evidence that the applicant effected any successful return to work, either before or after the partial certification of manipulation issued by the claims administrator. It is stated, furthermore,

that the applicant has no hope or no chance of ever returning to work, implying that the manipulative therapy performed was unsuccessful. Therefore, the request remains non-certified.

Vicodin ES 7.5 mg-750 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on the Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain affected through ongoing opioid usage. In this case, the most recent progress note provided suggested that the applicant is reporting heightened pain as opposed to reduced pain. There is no evidence of improved performance of nonwork activities of daily living. The applicant is described as having no hope of ever returning to work. All of the above, taken together, suggest that the criteria set forth on Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly not been met. Accordingly, the request remains non-certified.