

Case Number:	CM13-0026491		
Date Assigned:	11/22/2013	Date of Injury:	01/28/2002
Decision Date:	01/22/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/19/2013

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 and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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.

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 56-year-old male who reported an injury on 01/28/2002. The patient is current diagnosed with upper extremity synovitis, lateral epicondylitis, lumbar discopathy, knee arthrosis, and ankle pain. The patient was recently seen by [REDACTED] on 10/03/2013. The patient reported persistent neck pain rated 7/10, mid-back pain rated 8/10, lower back pain rated 7/10, bilateral knee pain rated 6/10, bilateral ankle pain rated 7/10, bilateral wrist pain rated 7/10, and bilateral elbow pain rated 7/10. Physical examination revealed tenderness to palpation of bilateral carpal tunnel regions and mild bilateral epicondylar tenderness, as well as painful range of motion. Examination of the lumbar spine revealed spasm, tightness, and tenderness, and mildly limited range of motion. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) acupuncture sessions for the right elbow between 8/8/2013 and 11/9/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce

functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. As per the clinical notes submitted, it was documented on 08/08/2013 by [REDACTED], the patient reported improvement with acupuncture therapy, and an additional 8 sessions was recommended at that time for the right elbow and right wrist. Documentation of functional improvement following the initial course of acupuncture treatment has not been provided. Based on the clinical information received, the request is non-certified.

Eight (8) acupuncture sessions for the right wrist between 8/8/2013 and 11/9/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. As per the clinical notes submitted, it was documented on 08/08/2013 by [REDACTED], the patient reported improvement with acupuncture therapy, and an additional 8 sessions was recommended at that time for the right elbow and right wrist. Documentation of functional improvement following the initial course of acupuncture treatment has not been provided. Based on the clinical information received, the request is non-certified

One (1) urinalysis between 8/8/2013 and 8/8/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pgs. 10 and 32-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no evidence of noncompliance or misuse of medications. There is also no evidence that this patient falls under a high risk category that would require frequent monitoring. The medical necessity has not been established. As such, the request is non-certified.

One (1) prescription of Tramadol 50mg, #90 between 8/8/2013 and 11/9/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: Cal MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain to multiple areas of the body. Satisfactory response to treatment has not been indicated by a decrease in pain, increase in function, or overall improved quality of life. Therefore, continuation cannot be determined as medically appropriate. As such, the request is non-certified.

One (1) prescription of Ambien 10mg between 8/8/2013 and 11/9/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is recommended for short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. Empirically-supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. As per the clinical notes submitted, there is no evidence of this patient's failure to respond to nonpharmacologic treatment prior to the initiation of a prescription medication. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. There is no documentation of sleep disturbance. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.