

Case Number:	CM13-0028970		
Date Assigned:	11/01/2013	Date of Injury:	05/01/2010
Decision Date:	04/15/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in 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 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 45-year-old female who reported an injury on 05/01/2010. The mechanism of injury was noted as repetitive movements resulting from working as a certified nursing assistant (CNA). Her diagnoses are noted as neuropathy, unspecified myalgia and myositis, and other syndromes affecting the cervical region. Her symptoms are noted to include severe neck and right shoulder pain with radiation to her right arm. Her physical exam findings include normal deep tendon reflexes to her upper and lower extremities, decreased range of motion of her cervical spine, positive Spurling's to the right, tenderness to palpation of the paraspinal muscles of the lumbar spine, normal motor strength to her bilateral upper and lower extremities, and no evidence of sensory loss. Her medications were noted to include MS Contin 15 mg XR one (1) twice a day as needed for pain, Oxycodone 10 mg four (4) times a day as needed for pain, and Zofran 8 mg twice a day as needed for medication-induced nausea and vomiting.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ACUPUNCTURE SESSIONS FOR NECK PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that the time to produce functional improvement is three (3) treatments to six (6) treatments. The patient was noted to have been previously approved for three (3) treatments on 09/12/2013. The guidelines further state that acupuncture treatments may be extended if functional improvement is documented. At her 10/18/2013 office visit, it was noted that the patient reported that she felt great after her second acupuncture treatment and had taken no medication following the session. Following her third acupuncture treatment, the patient stated that her arm pain was totally resolved. She was able to leave her spinal cord stimulator off for eight (8) hours following the session. Despite statements that the acupuncture had helped her pain, there was not adequate documentation of objective functional improvements that she received following her acupuncture treatments. In the absence of this documentation, further visits are not supported. Therefore, the request is non-certified.

MS CONTIN XR 12 HOUR TABLET #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Criteria for use of Opio.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Criteria for Use, On-going Management. P.

Decision rationale: The Chronic Pain Guidelines indicate that for patients taking opioid medications, documentation needs to show the patient's pain relief, functional status, appropriate medication use, and address the four (4) A's for ongoing monitoring. The patient was noted to have had a spinal cord stimulator implanted in 08/2013. Following that implantation, a plan was noted for the patient to wean off her opioid medications. At her 10/01/2013 office visit with [REDACTED], her prescription for Oxycodone was noted to be increased to 10 mg every four (4) hours as needed. However, at her appointment with [REDACTED] that day, he noted that she was tapering off the short acting Oxycodone and was still taking the morphine 15 mg twice a day. At her 10/10/2013 office visit with [REDACTED], he noted that she was slurring her speech and was "droopy" through much of the examination, and appeared to be disabled by pain and on chronic pain medications. The patient was seen in the emergency department (ED) on 10/15/2013 for an acute migraine and it was noted that she was taking Suboxone at that time. Her Oxycodone and morphine were not listed on her current medication list. It was noted that she had recently stopped Oxycodone and morphine and was taking Suboxone. It stated that she had arrived to the ED already somewhat sedated. As the clinical information submitted for review indicates that the patient was weaned off her opioid medications, the request is not supported. Therefore, the request is non-certified.

ZOFRAN 8MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/zofran.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea).

Decision rationale: The Official Disability Guidelines indicate that anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. The patient's medication lists are noted to include Zofran 8 mg tabs to be taken twice a day, as needed for severe medication-induced nausea and vomiting. As the clinical information submitted for review shows that the patient has been weaned off her opioid medications, and as anti-emetics are not recommended by guidelines to treat nausea and vomiting secondary to chronic opioid use, the request is not supported. Therefore, the request is non-certified.

OXYCODONE 10MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Criteria for use of Opi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Criteria for Use, On-going Management. P.

Decision rationale: The Chronic Pain Guidelines indicate that for patients taking opioid medications, documentation needs to show the patient's pain relief, functional status, appropriate medication use, and address the four (4) A's for ongoing monitoring. The four (4) A's include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The patient was noted to have had a spinal cord stimulator implanted in 08/2013. Following that implantation, a plan was noted for the patient to wean off her opioid medications. At her 10/01/2013 office visit with [REDACTED], her prescription for Oxycodone was noted to be increased to 10 mg every 4 hours as needed. However, at her appointment with [REDACTED] that day, he noted that she was tapering off the short acting Oxycodone and was still taking the morphine 15 mg twice a day. At her 10/10/2013 office visit with [REDACTED], he noted that she was slurring her speech and was "droopy" through much of the examination, and appeared to be disabled by pain and on chronic pain medications. The patient was seen in the emergency department (ED) on 10/15/2013 for an acute migraine and it was noted that she was taking Suboxone at that time. Her Oxycodone and morphine were not listed on her current medication list. It was noted that she had recently stopped Oxycodone and morphine and was taking Suboxone. It stated that she had arrived to the ED already somewhat sedated. As the clinical information submitted for review indicates that the patient was weaned off her opioid medications, the request is not supported. Therefore, the request is non-certified.