

<b>Case Number:</b>	CM13-0030859		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	11/19/1997
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 & Rehabilitation has a subspecialty in Interventional Spine 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 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 reported a date of injury of 11/19/97. The treating physician report dated 8/29/13 indicates that the patient presents with lower back pain, primarily on the right with slight pain in the left leg. The utilization review report dated 9/17/13 denied the request for Acupuncture x10 and modified the request to 2 visits. The Vicodin request was modified from #120 to #40 based on that the patient had previously had 16 Acupuncture treatments. The Vicodin modification was made with no rationale provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TREATMENTS QUANTITY: 10:** Upheld

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

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

**Decision rationale:** The patient presents with lower back pain with left leg radiculopathy. The current request is for acupuncture treatments x 10. The treating physician report dated 8/29/13 states, "She states she has received the last of the four acupuncture treatments that were authorized. The acupuncture reduces her consumption of Vicodin that she takes for pain and also

improves her level of function." The Acupuncture MTUS guidelines states, "Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: Time to produce functional improvement: 3 to 6 treatments. Frequency: 1 to 3 times per week. Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." The physician indicates that the patient's condition is better in terms of medication use, pain and function. Therefore, the request for acupuncture treatments x 10 is medically necessary and appropriate.

**VICODIN 5MG QUANTITY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82.

**Decision rationale:** The patient presents with lower back pain with left leg radiculopathy. The current request is for Vicodin 5mg #120. The treating physician report dated 8/29/13 states, "By this report, I request the patient be provided with Vicodin 5mg po q6h, #120 with no refills. She does not take the Vicodin on a daily basis." The treating physician also states, "She needs a refill of her Vicodin." There is no information in the report to indicate the patient's response to the medication or functional improvements achieved with medication usage. MTUS pgs 88, 89 recommends documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS further requires documentation of the four A's (analgesia, ADL's, adverse side effects, adverse behavior). In this case, the physician's report does not document pain assessment and function related to opiate use. There is no documentation of numeric scale assessing the patient's function. No Analgesia, ADL's or other measures are provided regarding the use of Vicodin. As it is, one cannot tell that Vicodin has done anything for this patient's pain and function. Therefore, the request for Vicodin 5mg #120 is not medically necessary and appropriate.