MAXIMUS Federal Services

Case Number:	CM13-0035655		
Date Assigned:	12/13/2013	Date of Injury:	08/15/2011
Decision Date:	02/19/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 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 54 year old male with a date of injury of 08/15/2011. The listed diagnoses per [redacted] dated 09/13/2013 are: 1. Compound fracture of right lower leg (well healed scar) 2. Stress/Anxiety According to report dated 09/13/2013 by [redacted], patient presents with right leg pain. Patient describes pain as aching and shooting. Examination of right ankle/foot shows positive swelling with pitting edema and deceased ROM. Report notes, patient has had episodes of anxiety with exacerbation of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 30 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with right leg and right foot/ankle pain. Treater is requesting 30 acupuncture sessions. Utilization review dated 10/02/2013 modified certification to 6 acupuncture sessions. MTUS for acupuncture pg 8 recommends acupuncture for pain,

suffering and the Restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 3 times per week with optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). A course of 6 acupuncture sessions may be warranted (as approved by UR dated 10/02/2013), however, the requested 30 sessions substantially exceeds MTUS guidelines. Recommendation is for denial.

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88--89.

Decision rationale: This patient presents with right leg and right foot/ankle pain. The treater is requesting refill of Norco without specifying quantity or duration. Medical records are not clear to exactly when the patient was first prescribed this medication. However, seeing that progress report dated 01/16/2013 requests a "refill" of Norco, it would appear that the patient has been on this medication prior to this. In regards to chronic use of opiates, MTUS guidelines pages 88 and 89 recommend 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. Treater's note from 09/13/2013 states, "Norco helped to relieve pain and allowed him to walk more with less pain." However, no numerical scales are provided to measure functioning. The treater also does not discuss "adverse behavior" issues as required by MTUS guidelines. Multiple urine drug screens (05/08/2013, 06/07/2013, 07/08/2013) show that hydrocodone prescribed is not detected. The treater does not discuss possible diversion issues. Labor Code 9792.20(e) defines functional improvement as "significant improvement" with ADL's. A statement that the patient is able to "walk more" is not adequate in demonstrating significant improvement. Given the treater's failure to address ADL's, adverse behavior issues surrounding the use of opiates, recommendation is for denial.

Alprazolam 1mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with right leg and right foot/ankle pain. The treater is requesting Alprazolam for patient's anxiety. Utilization review dated 10/02/2013 modified certification from unknown quantity to #45. In report dated 09/13/2013, treater states "patient has had episodes of anxiety with exacerbation of pain" and recommends Alprazolam without specifying quantity or duration. Medical records reveal patient has been prescribed this medication since 01/16/2013. MTUS guidelines do not recommend long-term use of

Benzodiazepines due to unproven efficacy and risk of dependence (pg 24). Maximum use of 4 weeks is recommended. Recommendation is for denial.