

Case Number:	CM13-0048349		
Date Assigned:	12/27/2013	Date of Injury:	09/19/2013
Decision Date:	03/04/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/05/2013

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, 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:

This 32 year-old female sustained an injury on 9/19/13 while employed by the [REDACTED] [REDACTED]. Requests under consideration include 1 Prescription of Norco 10/325 mg #120 and 8 Acupuncture sessions. Report of 10/10/13 from [REDACTED] noted patient with complaints of neck pain radiating to the left upper extremity with numbness to the left hand; bilateral shoulder pain. Exam showed cervical spine revealed antalgia; TTP with hyper-tonicity over bilateral paravertebral musculature and upper trapezius muscles; Spurling's maneuver causes increase localized neck pain; range of flex/ext/ bending/rotation 39/44/25/51 degrees; bilateral shoulders with TTP over periscapular and upper trapezius; impingement test negative bilaterally; left elbow no evidence of swelling or atrophy; TTP over ulnar groove; Tinel's test with some paresthesias; sensation with paresthesia in left ring and little fingers; normal muscle bulk and tone; no evidence of atrophy or spasticity; motor testing revealed no weakness; DTR 2+ bilaterally. Diagnoses included cervical spine musculoligamentous sprain/strain with left upper extremity radiculitis versus ulnar nerve irritation; bilateral shoulder periscapular strain. Norco and Zanaflex were dispensed. MRI was noted to be reviewed. MRI of the cervical spine dated 10/8/13 had normal signal and shape of spinal cord without any abnormality at all levels with impression: "Normal MRI of the cervical spine without contrast." Requests were partially-certified on 10/23/13 with Norco modified for #56 and acupuncture for 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 181, 212, 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

Decision rationale: The MTUS Chronic Pain Guidelines indicate opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS Chronic Pain Guidelines provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request for one prescription of Norco 10/325 mg #120 is not medically necessary and appropriate.

A series of 8 acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines recommend an initial trial of conjunctive acupuncture visit of 3 to 6 treatments with further consideration upon evidence of objective functional improvement. It is unclear what functional benefit has been derived from the 6 visits certified. Submitted reports have not demonstrated the medical indication to support for additional acupuncture sessions beyond the 3-6 trial sessions recommended per guidelines. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage as the patient continues on Norco and Zanaflex. The request for 8 acupuncture sessions is not medically necessary and appropriate.