

<b>Case Number:</b>	CM13-0052109		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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, has a subspecialty in 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 injured worker is a 58-year-old female who reported an injury on 09/26/2008 due to a slip and fall on a wet floor. The injured worker reportedly sustained an injury to her low back, bilateral wrists, right hand and suffered emotional distress. The injured worker's treatment history included multiple medications, physical therapy, acupuncture, psychiatric support and a home exercise program. The injured worker was evaluated on 09/20/2013. It was documented that the injured worker had previously been authorized acupuncture sessions but was not able to participate in them. It was noted that the injured worker had an increase in pain. The injured worker's pain levels were described as 8/10 to 9/10 without medications and reduced to a 6/10 with medications. Physical findings included a positive Tinel's sign, decreased grip strength and tenderness at the wrist, tenderness to palpation of the lumbar spine and limited range of motion of the lumbar spine secondary to pain. The injured worker's diagnoses included chronic low back pain; status post left wrist surgery, chronic right wrist pain. The injured worker's treatment plan included continuation of medication to include Norco and Relafen and 8 sessions of acupuncture treatment and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNTURE QTY:6.00:** Upheld

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

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

**Decision rationale:** The requested acupuncture quantity 6 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends acupuncture as an adjunct treatment to an active therapy program. The injured worker's most recent clinical evaluation does not provide any evidence that the injured worker is currently participating in an active therapy program that would benefit from an adjunct therapy such as acupuncture. Additionally, the request as it is submitted does not clearly identify a body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested acupuncture quantity 6 is not medically necessary or appropriate.

**RETROSPECTIVE RELAFEN 750MG TABLETS QTY:120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 60, 67.

**Decision rationale:** The retrospective request for Relafen 750 mg tablets quantity 120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs in the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends the ongoing use of any medication used in the management of chronic pain be supported by documentation of functional benefit and pain relief. Although it is noted that the injured worker does receive pain relief from the current medication schedule, clinical documentation submitted for review fails to provide any evidence of functional benefit to support continued use of this medication. Additionally, the request as it is submitted does not specifically identify a frequency of treatment. Therefore, the appropriateness of the request cannot be determined. As such, the retrospective request for Relafen 750 mg tablets quantity 120 is not medically necessary or appropriate.

**URINE DRUG SCREEN, QTY 1.00:** Upheld

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

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

**Decision rationale:** The requested urine drug screen is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of random urine drug screens to monitor an injured worker for aberrant behavior when opioid usage is part of the injured worker's treatment plan. The clinical documentation submitted for review does provide evidence that opioid therapy is used in the management of the injured worker's chronic pain.

However, no history of urine drug screens was provided. For the need for a urine drug screen at the time of the request is not clearly established within the documentation. As such, the requested urine drug screen at 1 is not medically necessary or appropriate.