MAXIMUS Federal Services

Case Number:	CM13-0052117		
Date Assigned:	12/27/2013	Date of Injury:	04/18/2008
Decision Date:	03/27/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/15/2013

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 and 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:

This is a 55 year-old female with a 4/18/08 industrial injury claim. She has been diagnosed with lumbosacral sprain/strain and sprain/strain of unspecified site of hand. According to the 10/8/13 report from [redacted], the patient presents with constant low back pain, and she reports feeling the "same". She is working 6h/day, 24h/weeks, and has a HEP and does swimming. She was using Vicodin, Flexeril and Gabapentin for pain and would like to try different medications. [redacted] changes Flexeril to Soma, and on 10/18/13 requested acupuncture x 18 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 18 acupuncture sessions: 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 low back pain. The California MTUS/Acupuncture guidelines recommend acupuncture for chronic pain, but states there should be some functional improvement in 3-6 treatments. The guidelines state that if functional improvement is documented, then acupuncture treatments can be extended. The request for 18

sessions exceeds the MTUS recommended 3-6 sessions necessary to document functional improvement.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The patient presents with low back pain. This is an incomplete prescription. The dosing is not provided. This may or may not be in accordance with the MTUS recommendations. The 10/8/13 report shows the patient was switched from Flexeril to Soma. MTUS does allow up to 3-weeks use of Soma. However, without the complete prescription, there is inability to determine whether the #60 tablets will exceed the MTUS 3-week limit. The California MTUS states the dosing can be up to 4 tablets/day. At that rate, the #60 tablets would last 15 days and be in accordance with MTUS recommendations. As written, the incomplete prescription cannot be verified to be in accordance with MTUS guidelines.

Vicodin 5mg #60: 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: The patient presents with low back pain. This is an incomplete prescription. The dosing is not provided. There is no discussion of medication efficacy. The patient was reported to want to try different medication, but there were no details as to why. It is not clear if the medications were not effective, or perhaps caused some side effects. The MTUS criteria for use of opioids, states adverse effects should be documented, and pain or functional improvement should be addressed and compared to baseline. The MTUS reporting requirements for opioids has not been met; the continued use of Vicodin is not in accordance with the MTUS criteria.