

Case Number:	CM13-0052374		
Date Assigned:	12/27/2013	Date of Injury:	02/19/2013
Decision Date:	06/24/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	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 Occupational Medicine, 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:

This is a 31 year old male who reported left upper extremity symptoms after an injury on 2/19/13. Diagnoses have included left elbow internal derangement, left elbow contusion, left lateral epicondylitis, status post left elbow 7/2/13 debridement, status post repair of extensor tendon of the left elbow, and possible left ulnar neuropathy. Treatment has included medications (including Hydrocodone acutely), physical therapy, surgical referral, and injection. On 8/13/13, a new treating physician prescribed acupuncture with infrared and myofascial release. The injured worker was stated to be allergic to all narcotic medications. Mobic and Ultram were given. Work status was temporarily totally disabled. Utilization Review certified 3 visits of acupuncture. On 9/10/13 work status was temporarily totally disabled. Tylenol #3 was prescribed for use twice a day. One visit of acupuncture was complete. A random urine drug screen was prescribed. The clinical note dated 10/1/13 described ongoing signs and symptoms at the left elbow. Acupuncture is reported to improve function, pain, and sleep; although no specific activities were described quantitatively. Medications were Mobic and Tramadol up to twice per day (no mention of the Tylenol #3 prescribed at the last visit). The injured worker reported no side effects from the medications. The random urine drug screen was negative. The injured worker stated that some of the medication caused stomach upset so he no longer used the medication. The treatment plan included continued electro-acupuncture treatment, Mobic, Tramadol up to 2 times daily, and temporarily totally disabled work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 ELECTRO-ACUPUNCTURE SESSIONS, WITH INFRARED AND MYOFASCIAL RELEASE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Infrared therapy

Decision rationale: The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of functional improvement. Medical necessity for any further acupuncture is considered in light of functional improvement. Since the completion of the previously certified acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. Given that the focus of acupuncture is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy and as a measure of progress. As discussed in the MTUS, chronic pain section, the goal of all treatment for chronic pain is functional improvement, in part because chronic pain cannot be cured. The treating physician has not adequately addressed function and work status. The treating physician has referred to improvements in function, but has not provided specific measures of any function. Improvement must be clinically significant. Work status is unchanged. The injured worker remains on temporarily totally disabled status, which is such a profound degree of disability that the patient is largely bedbound and unable to perform basic activities of daily living. This implies a failure of all treatment, including acupuncture. Temporarily totally disabled work status does not seem medically consistent with the injured worker's condition, which is a left elbow condition only, and which would allow for a wide range of daily activities even if he could not use the arm at all. There is no evidence of a reduction in the dependency on continued medical treatment. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the MTUS. The treating physician is also recommending infrared therapy. The MTUS does not provide direction for infrared therapy. The Official Disability Guidelines state that this therapy is not recommended over any other heat therapy, and that when indicated, it is for treating acute low back pain along with an evidence-based exercise program. This injured worker does not have acute back pain and there is no evidence of an evidence-based exercise program. The treating physician is also recommending myofascial release, which is a form of massage. The MTUS provides limited support for massage therapy in cases of chronic pain. Massage should be used in conjunction with exercise, and treatment is recommended for a limited time only. The MTUS recommends 4-6 visits of massage therapy, and cautions against treatment dependence. Given the three acupuncture visits to date, the injured worker will greatly exceed the recommended 4-6 visit maximum over the course of 18 visits. The treating physician has not described a specific exercise program to be pursued during the course of massage therapy. Additional massage therapy/myofascial release is not medically necessary based on lack of significant symptomatic and functional improvement from massage already completed, and exceeding of the MTUS-recommended quantities for this modality.

ULTRAM 50MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, Mechanical and compressive etiologi.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and that there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. It is not even clear which opioids are prescribed, as the reports prior to the recommendation for Ultram refer to Tylenol #3, and no reports after that mention this. The actual results for the urine drug screen were not presented. The injured worker failed a drug screen, yet opioids were continued without a specific discussion of the failed drug screen and an evidence and guideline-based approach for handling a patient at high risk of abuse and misuse of opioids. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, or mechanical and compressive etiologies. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The prescribing physician describes this patient as totally temporarily disabled, which generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient has failed a trial of non-opioid analgesics. Based on the failure of prescribing per the MTUS, the failed urine drug screen, and the lack of specific functional benefit, Ultram is not medically necessary.

URINE DRUG SCREENING: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Test Opioid management, Opioids, steps to avoid misuse/addiction Page(s): 43, 77-81, 94.

Decision rationale: Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS. The collection procedure was not specified. It is not clear what is meant by 'random', as the treating physician has not stated what kind of random testing scheme is used. Note that the MTUS recommends random drug testing, not at office visits or regular intervals. The details of testing have not been provided. The results of the last test were not provided, including the specific drugs assayed, use of a medical review officer (MRO), collection procedures, test date, and adulteration tests. The injured worker failed the last drug test and this was not adequately addressed. Instead, opioids were continued without a specific treatment plan for a high risk patient. Potential problems with drug tests include variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. The treating

physician is requested to address these issues to ensure that testing is done appropriately and according to guidelines. Strict collection procedures must be followed, testing should be appropriate and relevant to this patient, and results must be interpreted and applied correctly. Given that the treating physician has not provided details of the proposed testing, the lack of an opioid therapy program in accordance with the MTUS, the last failed urine drug screen, and that there are outstanding questions regarding the testing process, the urine drug screen is not medically necessary.