

Case Number:	CM13-0063723		
Date Assigned:	12/30/2013	Date of Injury:	04/07/2003
Decision Date:	04/14/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/10/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 patient is a 55-year-old male who reported an injury on 04/07/2003. The mechanism of injury was a repetitive trauma. The patient's medication history included Norco and Ambien for greater than 2 years. The patient's diagnoses were noted to include chronic right shoulder pain status post right shoulder surgery twice, chronic right neck pain with history of multiple radiofrequency ablations with the last one in 2012, along with anxiety and depression. The patient additionally was treated with trigger point injections and prior acupuncture. The documentation of 10/31/2013 revealed the patient had increased tenderness of the cervical paraspinal muscles. Additionally, it was indicated the patient was in the office for persistent neck pain with daily headaches. The patient indicated when they were able to received acupuncture treatments, the headaches were about 2 per week and without acupuncture, the patient got daily headaches. The patient indicated they had Ambien in the past for sleep and it had worked significantly well for him. The treatment was noted to include Norco 10/325 mg, Ambien 10 mg 1 at night, and as the patient an MRI report showing multilevel spondylosis with grade I anterolisthesis of C7-T1, the request was made for flexion/extension films of the cervical spine to evaluate the severity of the anterolisthesis on MRI and authorization for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION NORCO 10/325MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been on the medication for greater than 2 years. There was lack of documentation of objective functional improvement, objective decrease in the VAS score, and evidence the patient was being monitored for aberrant drug behavior and side effects. Given the above, the request for Norco 10/325 mg #120 is not medically necessary.

PRESCRIPTION OF AMBIEN 10MG: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ambien. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Official Disability Guidelines indicate Ambien is appropriate for short-term treatment of insomnia, generally 2 to 6 weeks. The clinical documentation submitted for review indicated the patient had previously trialed Ambien and indicated that it had worked significantly well. However, there was lack of documentation indicating objectively what "significantly well" meant. Additionally, the request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for a prescription of Ambien 10 mg is not medically necessary.

ONE FLEXION/EXTENSION FILMS OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)

Decision rationale: ACOEM Guidelines indicate that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 weeks period of conservative care and observation fail to improve symptoms. Criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and

clarification of anatomy prior to invasive procedure. The clinical documentation submitted for review indicated the patient had a prior MRI. The official read of the MRI was not provided. There was lack of documentation indicating objective myotomal and dermatomal findings to support the necessity for the requested study. Given the above, the request for 1 flexion/extension films of the cervical spine is not medically necessary.

EIGHT (8) SESSIONS OF ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the patient had prior acupuncture sessions. There was lack of documentation indicating the quantity. It was indicated when the patient received acupuncture treatments for his headaches, he was noted to get headaches about 2 times a week and without acupuncture, the patient had daily headaches. However, there is lack of documentation of objective functional improvement. Also, the lack of documentation indicating which body part the acupuncture treatment was intended for. Given the above, the request for 8 sessions of acupuncture is not medically necessary