

Case Number:	CM14-0004931		
Date Assigned:	01/24/2014	Date of Injury:	11/28/2009
Decision Date:	06/09/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/10/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, low back pain, right leg pain, foot pain, and knee pain reportedly associated with an industrial injury of November 28, 2009. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, earlier left knee surgeries in 1986 and 1987, cervical spine surgery in 2010, unspecified amounts of acupuncture over the life of the claim and extensive periods of time off of work. In a utilization review report dated January 3, 2014, the claims administrator denied a request for 12 sessions of acupuncture and denied a request for Percocet, both retrospectively and prospectively. The applicant's attorney subsequently appealed. A December 18, 2013 progress note was notable for comments that the applicant reportedly felt worse. The applicant was on Pamelor, it was stated. The applicant reported 5/10 pain. The applicant was given a rather proscriptive 5-pound lifting limitation, which the employer was apparently unable to accommodate. The note was quite difficult to follow. Additional acupuncture, Valium, and Percocet were nevertheless endorsed. An earlier note of April 18, 2013 was notable for comments that the applicant was using Pamelor, Valium, Percocet, and acupuncture as of that point in time. A rather proscriptive 5-pound lifting limitation was again endorsed. It did not appear that the applicant was working. The note was highly templated and was largely unchanged from the subsequent note of December 18, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE SESSIONS (CERVICAL) (1 TIMES 12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in California MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the applicant has failed to achieve the requisite functional improvement despite completion of earlier acupuncture in unspecified amounts. The applicant is off of work. A rather proscriptive 5-pound lifting limitation remains in place, unchanged, from visit to visit. The applicant remains reliant on various medications, including Valium, Percocet, Pamelor, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier acupuncture. Therefore, the request for an additional 12 sessions of acupuncture is not medically necessary.

RETROSPECTIVE USAGE OF PERCOCET: Upheld

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

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

Decision rationale: As noted on page 80 of the California MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid such as Percocet includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the aforementioned criteria have not seemingly been met. The applicant is off of work. The applicant has failed to achieve any improvements in pain and/or function as a result of ongoing opioid therapy. No clear reduction in pain levels and/or improvement in terms of performance of non-work activities of daily living has been described, elaborated upon, or expounded upon. Therefore, the request is retrospectively not medically necessary.

PROSPECTIVE USAGE OF PERCOCET: Upheld

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

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

Decision rationale: As with the retrospective request for Percocet, an opioid, the applicant has seemingly failed to meet criteria set forth on page 80 of the California MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. The applicant has failed to

return to work. The applicant has failed to achieve any requisite improvement in pain and/or function as a result of ongoing opioid therapy. The attending provider has not elaborated upon or detailed how precisely Percocet has benefited the applicant. Therefore, the request is prospectively not medically necessary, on Independent Medical Review.