

Case Number:	CM14-0107331		
Date Assigned:	08/01/2014	Date of Injury:	08/07/2000
Decision Date:	09/19/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/10/2014

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 Preventive 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:

According to the records made available for review, this is a 48-year-old male with a 8/7/00 date of injury. At the time (5/27/14) of request for authorization for Norco 10/325 mg, #240 and Acupuncture 12 visits for the lumbar spine, there is documentation of subjective (lower back pain radiating to both lower extremities) and objective (tenderness over the bilateral lumbar paraspinal muscles, decreased lumbar spine range of motion, positive bilateral straight leg raising test, and decreased sensation to pinwheel test over the L5 or S1 distribution) findings, current diagnoses (bilateral lower extremity radiculopathy and lumbar degenerative disc disease with facet arthropathy and severe L3-4 and L2-3 foraminal stenosis), and treatment to date (medications (including ongoing treatment with Norco since at least 1/3/14), trigger point injections, and physical therapy). Medical report identifies that there is ongoing opioid treatment assessment. In addition, medical report identifies that acupuncture is used as an adjunct to physical rehabilitation and/or medical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. 3/19/14 medical report identifies that medications enable the patient to function on a daily basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #240: Overturned

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): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral lower extremity radiculopathy and lumbar degenerative disc disease with facet arthropathy and severe L3-4 and L2-3 foraminal stenosis. In addition, there is documentation of ongoing treatment with Norco. Furthermore, given documentation of ongoing opioid treatment assessment, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that Norco enables the patient to function on a daily basis, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg, #240 is medically necessary.

Acupuncture 12 visits for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of bilateral lower extremity radiculopathy and lumbar degenerative disc disease with facet arthropathy and severe L3-4 and L2-3 foraminal stenosis. In addition, there is documentation that acupuncture is used as an adjunct to physical rehabilitation and/or medical intervention to hasten functional recovery, to reduce pain, reduce inflammation,

increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. However, the requested 12 acupuncture treatments exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Acupuncture 12 visits for the lumbar spine is not medically necessary.