

Case Number:	CM14-0010013		
Date Assigned:	02/21/2014	Date of Injury:	09/29/2008
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine and Rehabilitation 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 patient is a 38 year-old customer service representative who sustained an injury on 9/29/08 while employed by [REDACTED]. The requests under consideration include Norco 10/325mg #60, Laxacin #180, and additional acupuncture qty:6. The report of 12/18/13 from the provider noted the patient has completed acupuncture with report of improvement with muscle spasm. The patient did complain of increased burning pain in the upper back rated at 4/10 with and 9/10 without medications. She noted improvement with right leg pain, but continues to have symptomatic left leg radicular pain. An exam of the lumbar spine showed bilateral paraspinous tenderness over left L4-S1 facets; range in flex/ext/laterl bending of 45/5/15 degrees; positive SLR at left 50 degrees; hypesthesia in bilateral L5 dermatomes. Diagnoses included lumbar sprain, lumbar facet syndrome, lumbar radiculopathy and depression. The treatment included medications and additional acupuncture. The requests for Norco 10/325mg #60, Laxacin #180, and additional acupuncture qty:6 were non-certified on 1/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: Per the California MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The California MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 10/325mg #60 is not medically necessary and appropriate.

LAXACIN #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID-INITIATING THERAPY AND LONG-TERM USERS OF OPIOIDS Page(s): 77 & 88.

Decision rationale: Laxacin which contains Docusate Sodium/ Sennoside is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace) a medication that is often provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication. The Laxacin #180 is not medically necessary and appropriate.

ADDITIONAL ACUPUNCTURE QTY:6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: A review indicated the patient has recently completed 12 acupuncture visits. California MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. The submitted reports have not demonstrated the medical indication to support continued acupuncture. Although the patient has noted improved pain relief; however, there are contradictory statement of increasing burning sensation with severe VAS score of 9/10 without medications and down to 4/10 with medications, unrelated to acupuncture treatment. The submitted medical reports demonstrated essentially unchanged pain symptoms and clinical findings despite extensive conservative care to include acupuncture for this chronic injury of 2008. The patient remains functionally unchanged without improvement from acupuncture treatment visits already rendered. The additional acupuncture qty:6 is not medically necessary and appropriate.