

Case Number:	CM14-0011425		
Date Assigned:	02/21/2014	Date of Injury:	09/03/2008
Decision Date:	06/25/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/28/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 59 year old female who reported an injury on 09/03/2008. In the clinical note dated 01/10/2014, the injured worker complained of increased overall pain to her lower back and right lower extremity. The injured worker contributed her pain and decrease of functional status to the decrease of pain medications. It was annotated that the injured worker would like to continue weaning down her pain medications; however, she was noted as stating that any further reduction in her pain medications would result in being bedridden and relying on others for care. She was also concerned of her overall pain level being increased and difficult to achieve adequate pain control in the future. She was documented as not being able to return to the gym or attend aquatic exercise classes. The injured worker's prescribed pain medicine regimen consisted of Duragesic 12 mcg patch every 2 days for baseline pain relief, Norco 10/325mg 4 times a day for breakthrough pain, Cymbalta 90mg per day for chronic pain, Gabapentin 900mg twice a day for neuropathic pain and Celebrex 200mg once a day for anti-inflammation. The physical examination of the low back revealed tenderness in the midline lumbar spine from L5-S1, right paralumbar musculature, and over the right sacroiliac joint region. The injured worker stated she had increased pain with flexion, extension, and lateral flexion of the lumbar spine. The physical examination of the lower extremities revealed a positive straight leg raise on the right. The diagnoses included lumbar disc protrusion at L4-L5 on the right, lumbar radiculopathy per EMG/NCV, lumbar facet arthrosis and degenerative scoliosis and chronic pain. The treatment plan included continuation of the injured workers prescribed pain medications regimen and a request for authorization for acupuncture 2 times a week for six weeks. The request for authorization was submitted on 01/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X 12 VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state that acupuncture is 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. Within the clinical notes provided for review, it was documented that the injured worker's pain medication was being reduced; however, the clinical note lacked documentation of the pain level with or without medications. The clinical note also lacked documentation if the injured worker would continue with her aquatic exercise classes. Furthermore the request for acupuncture x 12 visits exceeds the MTUS Acupuncture Guidelines' recommendation of 3 to 6 treatments 1 to 3 times per week. Therefore, the request is not medically necessary and appropriate.

DURAGESIC PATCHES 12MCG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

Decision rationale: The MTUS Chronic Pain Guidelines state that duragesic patches are not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In the clinical notes provided for review, it was documented that the injured worker was taking several other prescribed pain medications and was being weaned from them. The clinical note also lacked documentation of the pain level of the injured worker with the decrease of the duragesic patch she was already prescribed. It was only documented that the injured worker had a decrease in function. The MTUS Chronic Pain Guidelines state that duragesic is recommended for pain that cannot be managed by other means. In addition, the request does not include the proposed quantity. Therefore, the request for Duragesic patches 12 mcg is not medically necessary and appropriate.

NORCO 10-325MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

Decision rationale: The MTUS Chronic Pain Guidelines state that Norco is indicated for moderate to moderately severe pain. In the clinical notes provided for review there lacked documentation of the efficacy of the prescribed pain medications being taken. The clinical notes also lacked documentation of the injured worker's pain level with or without the prescribed pain medications. The MTUS Chronic Pain Guidelines state that Norco is indicated for moderate to moderately severe pain. In addition, the request does not include the proposed quantity. Therefore, the request for Norco 10/325mg is not medically necessary and appropriate.