

Case Number:	CM14-0011495		
Date Assigned:	02/21/2014	Date of Injury:	04/01/2005
Decision Date:	08/05/2014	UR Denial Date:	01/22/2014
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 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 patient is a 59-year-old female who has submitted a claim for chronic neck pain, bilateral arm pain, and magnetic resonance imaging (MRI) showing 6mm disc protrusion towards the right at C4-C5 and 5mm central broad-based disc bulge at C6-C7 associated with an industrial injury date of April 1, 2005. Medical records from 2013 were reviewed. The patient complained of significant neck pain, rated 5-8/10 in severity. The pain radiates to the upper extremities. Physical examination showed tenderness over the lower cervical spine and upper trapezius. Reflexes were 2+ on the upper extremities. Motor strength and sensation was intact. MRI of the cervical spine, dated May 2006, revealed 6mm disk protrusion towards the right at C4-C5, and a 5mm central broad-based disk bulge at C6-C7. Official report of the imaging study was not available for review. Treatment to date has included medications, physical therapy, chiropractic therapy, acupuncture, cervical epidural steroid injection and activity modification. Utilization review, dated January 22, 2014, denied the request for retro: dispensed 12/31/13 Colace 180 mg two-four times a day qty: 180 because there was no documentation of opiate induced constipation. The request for urine drug screen qty: 1 was also denied because there was no documentation of concerns over patient use of illicit drugs or non-compliance with prescription medications. The request Acupuncture qty: 8 was partially certified to Acupuncture qty: 2 to allow time to transition onto a guideline-supported treatment and because the efficacy of the treatment still remains unproven.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE COLACE 180MG QTY: 180.00 (DOS 12/31/13): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate); Peer-reviewed literature ('Management of Opioid-Induced Gastrointestinal Effects: Treatment').

Decision rationale: Page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation. In this case, the patient has been using opioids and Colace since July 2013. Guidelines recommend prophylactic treatment of constipation with opioid therapy. The necessity for use of this medication had been established because the patient was prescribed opioids. Therefore, the request for RETROSPECTIVE COLACE 180MG QTY: 180.00 DOS 12/31/13 was medically necessary.

URINE DRUG SCREEN QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG SCREENING.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, addiction, or poor pain control in patients under ongoing opioid treatment. Also, stated in California MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines, Chronic Use of Opioids Section, urine drug screening is prescribed in all patients on chronic opioids for chronic pain. Screening should also be performed for cause (e.g., provider suspicion of substance misuse). In this case, there was no documented rationale for the request. Submitted medical records did not document suspicion of illicit drug abuse or non-compliance from prescribed medications. The medical necessity has not been established. Therefore, the request for urine drug screen qty: 1.00 is not medically necessary.

ACUPUNCTURE QTY: 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, a progress report dated December 31, 2013 stated that acupuncture works best for her and she was able to exercise more with it. The combination with medications keeps her pain in good control and allows her to complete her activities of daily living and walk on a regular basis. However, there was no documentation regarding the said sessions or noted evidence of objective functional improvement from the treatments. In addition, there was no mention of any adjunct physical rehabilitation and/or surgical intervention to go with the acupuncture treatments. Furthermore, the present request failed to specify the body part to be treated. Therefore, the request for Acupuncture qty: 8.00 is not medically necessary.