

<b>Case Number:</b>	CM14-0120028		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/16/2007
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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, has a subspecialty in Interventional Spine 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 years old female with an injury date on 01/16/2007. Based on the 06/23/2014 progress report provided by [REDACTED], the diagnoses are: 1. Right Ankle Pain. 2. Right Knee Pain. 3. Hypertension. 4. Chronic Pain, Other. According to this report, the patient complains of low back pain that radiates down the right lower extremity. The pain is aggravated by walking. The pain has worsens since last visit. The pain is rated as an 8/10 with medications and 9/10 without medications. "The patient reports activity of daily living limitations in the following areas: ambulation and sleep." Tenderness is noted at the right knee and ankle. Range of motion of the right knee and right ankle is decreased due to pain. Motor exam shows decreased strength of the extensor muscles and in the flexor muscles in the right lower extremity. The 11/11/2013 report by [REDACTED] indicated the patient's current pain is 7/10 with medications and pain is at an 8/10 without medications. The patient's current medications are Ibuprofen 600mg, Norco 5- 325mg, Gabapentin 300mg, Fish Oil, Hetz, Lisinopril, Multivitamins, Omeprazole, and Zolpidem. There were no other significant findings noted on this report. [REDACTED] is requesting: 1. Acupuncture 4 sessions for right knee 2. Norco 5-325mg #30 with 1 refill. The utilization review denied the request on 07/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/23/2013 to 06/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 4 sessions for the right knee:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the 06/23/2014 report by [REDACTED] this patient presents with low back pain that radiates down the right lower extremity. The treater is requesting 4 sessions of acupuncture for right knee. The utilization review denial letter states "Without documented functional improvement, additional acupuncture would not be indicated." For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 2 times per year, with optimal duration of 1 to 2 months. In this case, medical records from 03/03/2014 to 04/11/2014 indicates that the patient has had 2 sessions of acupuncture treatments without much improvement and the patient continues to experience 8-9/10 pain. The current requested 4 additional sessions appear reasonable as MTUS allows up to 3-6 sessions of trial. The request is medically necessary.

**Norco 5-325 mg, QD, #30, 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS; Opioids for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61; 88-89; 80-81; 76-78.

**Decision rationale:** According to the 06/23/2014 report by [REDACTED] this patient presents with low back pain that radiates down the right lower extremity. The treater is requesting Norco 5-325 mg, #30 with 1 refill. Review of report shows that the patient has been taking Norco since 11/11/2013. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain. However, no outcome measures are provided. No specific ADL's and return to work are discussed. No discussions are provided regarding potential aberrant drug seeking behavior. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request is not medically necessary.