

Case Number:	CM14-0130109		
Date Assigned:	08/20/2014	Date of Injury:	11/12/1999
Decision Date:	10/02/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 63-year-old female injured on 11/12/99 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. Diagnoses include sacroiliitis, lumbar facet arthropathy, multilevel with myofascial pain/spasms, chronic intractable neuropathy lumbosacral pain syndrome, L1 compression fracture with multiple lumbar disc bulges, and chronic opioid therapy. Clinical note dated 07/22/14 indicated the injured worker presented with continued low back pain rated at 6/10 exacerbated with prolonged walking. Documentation indicated the previous request for right facet medial branch block and Percocet quantity 240 was previously denied via utilization review due to a lack of prior weaning or tapering. The injured worker was utilizing an average of six to eight Percocet per day. Physical examination revealed tenderness in the midline low lumbar spine and right buttock, movement with guarding in the low back, lumbar facet loading positive, sacroiliac joint compression and distraction test positive. Treatment included Percocet 10/325 milligrams quantity 240 and Motrin 800 milligrams quantity ninety with three refills provided. The request for acupuncture two times a week for three weeks for lumbar spine to help reduce need for medication submitted. Urine drug screen to be performed prior to next office visit was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x week for 3 weeks 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: As noted in the Acupuncture Medical Treatment Guidelines, the frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed one to three times per week with an optimum duration over one to two months. Guidelines indicate that the expected time to produce functional improvement is three to six treatments. Acupuncture treatments may be extended if functional improvement is documented. Current guidelines recommend an initial trial period of three to four sessions over two weeks with evidence of objective functional improvement prior to approval of additional visits. As such, the request for acupuncture two times a week for three weeks for the lumbar spine exceeds the recommended trial period and is not medically necessary.

Motrin 800mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the injured worker cannot utilize the readily available over the counter formulation and similar dosage of this medication when required on an as needed basis. As such, the request for Motrin 800 milligrams quantity ninety with three refills is not medically necessary.