

Case Number:	CM14-0150139		
Date Assigned:	09/18/2014	Date of Injury:	06/08/2011
Decision Date:	10/20/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/15/2014

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 is a 53 year old male with a 6/8/11 injury date. The mechanism of injury was not provided. In an 8/27/14 report, subjective complaints included persistent neck pain, improved radiation to the right shoulder, muscle spasms, less numbness and tingling to the left upper extremity, and he has not needed to restart Percocet. Objective findings included cervical tenderness, muscle spasms, trigger bands, positive Spurling's, and hypoesthesia to the left C6-7 dermatomes. The provider noted 50% functional improvement from 8 acupuncture sessions. Diagnostic impression: cervical spine sprain/strain, cervical radiculopathy. Treatment to date: cervical epidural steroid injections, medications, physical therapy, cervical selective nerve root block, acupuncture. A UR decision on 9/12/14 denied the request for Percocet 10/325 #10 on the basis that the documenting requirements for continued opiate use have not been met. The request for KGL cream, 240 grams, was denied on the basis that guidelines do not recommend topical analgesic creams because they are considered highly experimental. The request for 8 sessions of cervical acupuncture was modified to allow 4 sessions only because guidelines do not support 8 initial sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2011 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. There are no documented urine toxicology reports, pill counts, or opiate contracts. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Percocet 10/325 #10 is not medically necessary.

KGL cream #240 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for KGL cream #240 grams is not medically necessary.

8 sessions of acupuncture to the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation CA MTUS 2009: Â§9792.23. Clinical Topics: ACOEM Pain, Suffering, and the Restoration of Function Chapter 6 (page 114)

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be 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. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. In the present case, the patient completed 8 sessions of acupuncture before there was documentation of functional improvement. The guidelines recommend 3-6 sessions followed by documentation of functional improvement before additional sessions are certified. Therefore, the request for 8 sessions of acupuncture to the cervical spine is not medically necessary.