

Case Number:	CM14-0154891		
Date Assigned:	09/24/2014	Date of Injury:	09/17/2009
Decision Date:	10/27/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of September 17, 2009. She was seen by her treating physician on June 23, 2014 with complaints of neck and left shoulder pain. She was taking norco two tabs daily as well as wellbutrin and abilify. Her exam showed that she was anxious and distressed and wearing sunglasses during the appointment. Her diagnoses were neck sprain/strain: unstable and myofascial pain: unstable. At issue in this review is the refill of norco which was said to reduce pain and cause no side effects and allow for independent ADLs. Length of prior therapy is not documented but the records show she was taking the norco at least since 1/14, the date of the last note in the records. Also at issue in this review is the request for acupuncture 2 x 3 for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 55-year-old injured worker has chronic back pain with an injury sustained in 2009. Her medical course has included ongoing use narcotics. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 6/14 fails to document any significant improvement in pain, functional status or side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. Therefore, the request for Vicodin 5/300 mg, sixty count, is not medically necessary or appropriate.

Acupuncture for the neck, twice weekly for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 4,8-9.

Decision rationale: 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. The records do not indicate that she is not able to return to productive activities or that he is participating in an ongoing exercise program to which the acupuncture would be an adjunct. The request for Acupuncture for the neck, twice weekly for three weeks, is not medically necessary or appropriate.