

Case Number:	CM14-0157985		
Date Assigned:	10/01/2014	Date of Injury:	08/30/1999
Decision Date:	10/28/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family 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:

25 year old male claimant sustained a work injury on 8/30/99 involving the neck and low back. He was diagnosed with chronic pain syndrome, discogenic neck pain, and cauda equine syndrome. He underwent a lumbar fusion and cervical fusion. He additionally had placement of a spinal cord stimulator. A progress note on 8/26/14 indicated the claimant had continued 6/10 right shoulder, low back and upper back pain. He had been on Oxycontin 30 mg TID, Oxycodone 15 md BID and Flexeril for pain and spasms. He had been on the opioids since March 2014. Without medications his pain was 9/10. Exam findings were notable for paraspinal tenderness in the cervical and lumbar region. There was decreased sensation in the left posterior leg. He was continued on his pain medication and a request was made for 6 acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. There was no mention of failure of 1st line medications such as Tylenol. In this case, the claimant had been on Oxycodone for several months. The continued use of Oxycodone is not medically necessary.

6 Acupuncture Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Acupuncture

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines, "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. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1)Time to produce functional improvement: 3 to 6 treatments(2) Frequency: 1 to 3 times per week (3) Optimum duration: 1 to 2 months In this case, the pain medication was not reduced or intolerable. Although it may be used to hasten recovery, it is not medically necessary.