

Case Number:	CM14-0162773		
Date Assigned:	10/08/2014	Date of Injury:	05/03/2001
Decision Date:	11/10/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/03/2014

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 Internal Medicine and Allergy and Immunology and is licensed to practice in Florida. 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 57-year-old female who reported an injury on 05/03/2001 due to an unknown mechanism. Diagnoses were degeneration of cervical intervertebral disc, displacement of cervical intervertebral disc without myelopathy, chronic pain syndrome, lumbar postlaminectomy syndrome, degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis (unspecified), lumbar facet joint pain, cervical facet joint pain, brachial neuritis, chronic depression, anxiety state unspecified, malignant neoplasm, soft tissues of cervical spine, and postsurgical arthrodesis status. Physical examination dated 09/04/2014 revealed complaints of chronic neck pain of the cervical spine with radiculopathy. The injured worker reported she had burning and stabbing pain that radiated from the neck to the bilateral arms, left greater than right. Her neck pain was reported as a 2/10 to 3/10 while sitting and could go up to a 7/10 when doing increased physical activity. The injured worker had neck surgery to remove a tumor a few months ago. C4-C7 had been fused. The injured worker reported her medications had been denied by insurance. The injured worker was having severe depression and was in tears not knowing how to deal with it. Medications were beneficial and helped to keep pain levels stable and help increase the injured worker's ability to perform activities of daily living which allow her to wash dishes and do light chores. Requests were being made for acupuncture and possibly another lumbar epidural injection. Examination of the cervical spine revealed severe tenderness to palpation over the intrascapular area and bilateral trapezii, over spinal musculature from C7 to T9 with moderate tenderness to palpation from C3 to C7. There was also severe tenderness to palpation on the medial borders of the bilateral scapula of her rhomboid groups. There was diffuse tenderness to palpation over the lumbar paraspinous musculature. Medications were fentanyl patch. The request for authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and is recommended as an adjunct to physician rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Previous acupuncture treatments were not reported to have given the injured worker any type of functional improvement. The rationale or medical necessity was not reported. Based on the lack of documentation detailing a clear indication for use of acupuncture, Therefore, the request for ten (10) sessions of acupuncture is not medically necessary and appropriate.

Fentanyl patch 50 mcg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl), Ongoing Management, Opioid Dosing Page(s): 22,78,86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that Duragesic (fentanyl) is not recommended as a first line therapy. The FDA approved product labeling states and Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug taking behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalents per day. The efficacy of this medication was not reported. There was no documentation of objective improvement in function or reports of being monitored for aberrant drug taking behavior or side effects. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use of this medication. Therefore, the request of Fentanyl patch 50 mcg #10 is not medically necessary and appropriate.

