

<b>Case Number:</b>	CM14-0169232		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	01/01/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Occupational 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:

There were 394 pages for review. There is pain in his right hand traveling to his forearm, elbow, 5th finger, which is dull, weak, pulsing, cramping and loose. The application for independent review was signed 10-13-14. This is a 28 year old male injured on 1-1-12. As of 9-4-12, there was right hand pain traveling to the forearm, elbow, pinky finger with numbness and tingling, upper back pain with tingling and spasms low back pain with numbness and tingling, difficulty falling asleep and pain. There is non-specific tenderness in both hands. His pain was reduced with rest and activity modification. He has been receiving acupuncture two times per week. He used a lumbar support and the improvement was limited. He does not recall his medicines. Sombra cream and e-stim was helpful. The diagnoses were sprain strain of the knee, thoracic spine and lumbar, and bilateral hand strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This however was a request for 8 sessions. The 8 sessions were appropriately non-certified under the MTUS Acupuncture criteria.

**Vicodin 5/300mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain; On-Going Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): Page 88 of 127.

**Decision rationale:** In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review.