

<b>Case Number:</b>	CM14-0176670		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	11/24/2003
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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:

The patient is a 74 year-old male with the date of injury of 11/24/2003. The patient presents with pain in his neck and right shoulder, radiating down his right upper arm and right middle finger with occasional numbing sensations. The patient also reports having lower back pain, radiating down his lower extremity with tingling or numbing sensations, right side worse than left. Overall, the patient rates his pain as 3-8/10 on the pain scale, depending on his activities. Examination reveals 1) a normal gait 2) cervical spine tenderness to palpation with myofascial tightness on the right side 3) positive Spurling's test. The patient presents limited range of neck or lumbar motion in all directions with pain. The patient is currently taking Norco 10/325mg 2 tablets a day. According to [REDACTED] report on 09/11/2014, diagnostic impressions are; 1) Cervical disc injury 2) Cervical sprain/ strain injury 3) Cervical radiculopathy 4) Right shoulder sprain/ strain injury 5) Right shoulder rotator cuff injury with tendonitis. The Utilization Review determination being challenged is dated on 09/24/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/13/2014 to 10/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment, with electro-acupuncture, infrared heat and myofascial release for the right shoulder and neck, 2 times a week for 3 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient presents with pain and weakness in his neck, right shoulder, lower back and extremities. The request is for 6 acupuncture treatments for the cervical and right shoulder. Utilization review letter on 09/24/2014 indicates that the patient has completed a total of 15 therapies in the past. There are no therapy reports provided for this review. MTUS guidelines allow 4-6 sessions of acupuncture treatments for neck or lower back complaints. In this case, the provider does not explain why additional therapy needed at this point or how the patient responded to acupuncture. For additional acupuncture, "functional improvement" defined as significant improvement in ADL's, or change in work status AND decreased dependence in medical treatment must be documented. The patient has had 15 sessions and the provider does not provide any documentation of functional improvement. Therefore, this request is not medically necessary.

**Norco 10/325 mg, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78; 88-89.

**Decision rationale:** The patient presents with pain and weakness in his neck, right shoulder, lower back and extremities. The request is for Norco 10/325mg #60. MTUS guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The provider' report does not show discussion specific to this medication. There are no four A's discussed. No opiate management including urine toxicology, CURES report discussion. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Therefore, this request is not medically necessary.