MAXIMUS Federal Services

Case Number:	CM14-0020624		
Date Assigned:	05/02/2014	Date of Injury:	02/05/2009
Decision Date:	08/07/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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:

The patient is a 40-year-old male who has submitted a claim for major depression and chronic pain syndrome associated with an industrial injury date of February 5, 2009. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of neck pain, shoulder pain, knee pain and leg weakness. The patient also has a history of depression. Physical examination revealed a Beck Inventory Score of 31, which is consistent with severe depression. Shoulder examination revealed a positive impingement test. There was noted pain with external rotation and anterior translation. There was tenderness over the paracervical muscles with spasm and guarding. Sensation was decreased over the C6 and C8 nerve distributions of bilateral upper extremities. Spurling's test was positive on the right. Tenderness over paralumbar muscles was noted. Straight leg raise test was positive bilaterally. Treatment to date has included shoulder arthroscopy and rotator cuff repair, acupuncture, physical therapy, psychiatric treatment, steroid injections, antidepressants, such as mirtazapine and trazodone, and pain medications, which include Norco and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: the time to produce functional improvement is 3-6 treatments at a frequency of 1-3 times per week and a duration of 1-2 months. Additionally, acupuncture treatments may be extended for a total of 24 visits if functional improvement is documented. In this case, the patient has completed 12 sessions of acupuncture. The patient noted pain relief, which allowed decreased intake of pain medications; however, review of records failed to document evidence of functional and objective improvements such as increase in activities of daily living, decrease in work restrictions, and reduced need for medical care, which do not support the patient's reported benefits from treatment. Recent progress reports also lacked physical examination findings needed to demonstrate functional restrictions. The current physical and functional status of the patient is unknown. The request also failed to specify the frequency and body part(s) needing treatment. Therefore, the request is not medically necessary.

Pristique 50 mg #30 with five refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Triangle M, Dieperink B, Gabert T, Haight B, Lindvall B, Mitchell J, Novak H, Rich D, Rossmiller D, Setterlund L, Somers K. Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 May. 119 p (320 references).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15, 105.

Decision rationale: According to pages 13-14 of the California MTUS Chronic Pain Medical Treatment Guidelines, antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. In addition, assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, the patient has been complaining of neck pain, shoulder pain, knee pain and leg weakness. The patient also has a history of depression. Pristiq was prescribed after treatment failure with Cymbalta, Mirtazipine and Trazodone. A progress report dated 3/6/14 mentioned that patient stopped taking the medication since he experienced intolerable side effects such as confusion and clouded mentation secondary to Pristiq use. There is no clear indication for continuing it. Therefore, the request is not medically necessary.