

Case Number:	CM14-0020708		
Date Assigned:	04/30/2014	Date of Injury:	06/18/2010
Decision Date:	07/08/2014	UR Denial Date:	02/04/2014
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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic hand, arm, and wrist pain reportedly associated with an industrial injury of June 18, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; topical drugs, muscle relaxants, transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; reported diagnosis of chronic regional pain syndrome; and extensive periods of time off of work. A January 30, 2013 progress note was notable for comments that the applicant was receiving acupuncture at of that point in time, with diagnoses of first metacarpal fracture status post surgical repair, complex regional pain syndrome, anxiety disorder, and mild bilateral carpal tunnel syndrome. The applicant was asked to pursue additional acupuncture at that point and was placed off of work, on total temporary disability. A subsequent progress note dated February 12, 2014 was again notable for comments that the applicant remained off of work, on total temporary disability, owing to issues related to anxiety disorder and complex regional pain syndrome. The applicant was given increased doses of Norco and Soma and again placed off of work at that point in time. The applicant was asked to pursue 12 sessions of acupuncture on January 15, 2014. Norco and Soma were renewed at that point in time. The applicant was then again asked to remain off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is in fact using Norco, an opioid agent. Adding carisoprodol or Soma to the mix is not indicated. Therefore, the request is not medically necessary.

ACUPUNCTURE TO THE RIGHT ARM AND HAND, #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question is a renewal request for acupuncture. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there has been no demonstration of functional improvement as defined in section 9792.20f. The applicant is off of work, on total temporary disability. There has been no progressive diminution in work restriction from visit to visit which would support the proposition that the applicant is improving with earlier acupuncture treatment. The applicant remains highly reliant on various opioid and non-opioid medications, including Tylenol No. 3 and Soma. Therefore, the request for an additional 12 sessions of acupuncture is not medically necessary on the grounds that the applicant has not demonstrated any functional improvement with earlier acupuncture in unspecified amounts.