

Case Number:	CM14-0022591		
Date Assigned:	05/12/2014	Date of Injury:	10/25/2011
Decision Date:	07/10/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/22/2014

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 ankle pain, foot pain, low back pain, myalgias, and myositis reportedly associated with an industrial injury of October 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 21, 2014, the claims administrator approved request for Hydrocodone, Tizanidine, and Zanaflex while denying acupuncture, Ketoprofen, and a urine drug test. The claims administrator stated that the applicant had had earlier acupuncture approved at various points during the life of the claim. The claims administrator, it is incidentally noted, cited 2007 Acupuncture Guidelines in its denial for acupuncture and also cited the outdated, now-re-labeled, now-renumbered MTUS 9792.20e. In a letter dated March 11, 2014, the attending provider appealed the decision to deny acupuncture and oral Ketoprofen. It was stated that the applicant had reported pain relief with ongoing usage of oral Ketoprofen and that 14 sessions of acupuncture in 2013 resulted in the applicant's diminishing/discontinuing consumption of oral morphine. The applicant's work and functional status were not stated. Request for acupuncture and Ketoprofen were renewed. On February 3, 2014, it was acknowledged, however, that the applicant was not working. The applicant reported 3/10 pain with medications and 4/10 pain without medications. The applicant was reportedly impaired in terms of sleep and sex secondary to pain, it was stated. It was then stated, somewhat incongruously, that the applicant was using Norco sparingly. However, 90 tablets of Norco were endorsed. On December 9, 2013, the applicant reported 3/10 with medications and 3/10 pain without medications. The applicant was reportedly limited in terms of ambulation, sleep, and sex, it was stated. The applicant reported

"crippled functional disability" on this date. A variety of medications, including Norco, Ketoprofen, Tizanidine, and Senna were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 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 such demonstration of functional improvement as defined in section 9792.20f. While the applicant has reportedly ceased consumption of MS Contin, the applicant is nevertheless using another opioid, Norco, along with oral Ketoprofen and oral Tizanidine, effectively arguing against any diminished reliance on medical treatment with oral Ketoprofen usage. The applicant is off of work, it is further noted. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of 14 earlier sessions of acupuncture. Therefore, the request is not medically necessary.

KETOPROFEN CAPSULES 50 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Section Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Section Page(s): 67-73.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Ketoprofen do represent the traditional first-line of treatment for various chronic pain conditions, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no clear demonstration of efficacy as defined by the parameters established in MTUS 9792.20f despite ongoing usage of oral Ketoprofen. The applicant is off of work. The applicant remains highly reliant and highly dependent on other medications, including Norco, Tizanidine, etc. All of the above taken together, argue against any functional improvement as defined in MTUS 9792.20f achieved through ongoing usage of oral Ketoprofen. Therefore, the request is likewise not medically necessary.

(RETROSPECTIVE) URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing Section.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should attach the applicant's complete medication list to the request for drug testing, clearly state which drug tests and/or drug panels he intends to test for, and state when the applicant was tested. In this case, the attending provider did not state when the last time the applicant was tested. The attending provider did not state which drug tests and/or drug panels he intended to test for. Finally, the attending provider did not attach the applicant's medication list to the request for drug testing. Therefore, the request is not medically necessary.