

Case Number:	CM14-0056253		
Date Assigned:	07/09/2014	Date of Injury:	02/28/2013
Decision Date:	08/28/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/25/2014

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 Family Medicine, and is licensed to practice in Arizona. 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 38-year-old male with a date of injury on 2/28/2013. The diagnoses include lumbar and thoracic back pain. The subjective complaints are of lower back pain that is constant and severe that radiates to the bilateral buttock. A physical exam shows thoracic and lumbar muscular tenderness, spasm, decreased range of motion, and a positive bilateral straight leg raise test. The Lumbar MRI from 2/20/14 shows no disc herniation or degenerative disc disease. Thoracic spine MRI from 2/26/14 shows small disc protrusions at T2-5. Prior treatment has included physical therapy, medications, lumbar epidural steroid injections, and facet blocks. Medications include Norco, Ultram, and Mobic. The submitted documentation indicates that medications provide pain relief and improve function. Urine drug screen is present in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro acupuncture; infrared, myofascial release, 2 times a week for 4 weeks, QTY: 8:
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Pain Suffering and the restoration of function chapter, Page 114 and Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS acupuncture guidelines suggest acupuncture for as an adjunct to physical rehabilitation or surgery to hasten functional recovery. Time to produce improvement is usually 3-6 sessions. Sessions can be extended if functional improvement is documented with functional improvement meaning a significant increase in daily activities or reduction in work restrictions, as determined by subjective and objective findings. According to submitted medical records the patient has received benefit from the acupuncture treatments given, but there are no documented specifics of pain relief or functional improvement. Therefore, the medical necessity of further treatments is not established.

Ultram: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, and 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, PAGES 74-96 Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. The California Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including urine drug screen, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

Norco: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, and 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, PAGES 74-96 Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. The California Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including urine drug screen, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

Mobic: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, PAGES 67-68 Page(s): 67-68.

Decision rationale: The California MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for back pain. For this patient, moderate pain is present in the low back. Therefore, the request for Mobic is consistent with guideline recommendations, and is medically necessary.

Naproxen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, PAGES 67-68 Page(s): 67-68.

Decision rationale: The California MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for back pain. For this patient, moderate pain is present in the low back. The records indicate that the patient was given Mobic and Naproxen concurrently, and now patient is just on the Mobic. There is no apparent indication for the patient to be on two NSAIDS at once. Therefore, the requested Naproxen is not medically necessary.