

<b>Case Number:</b>	CM14-0069525		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 arm pain and psychological stress reportedly associated with an industrial injury of October 13, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; electrodiagnostic testing of April 16, 2014, apparently notable for bilateral cubital tunnel syndrome; a right wrist de Quervain's tenosynovitis release surgery; an ulnar nerve decompression surgery; a carpal tunnel release surgery; a trigger thumb release surgery; and unspecified amounts of physical/occupational therapy. In a Utilization Review report dated May 7, 2014, the claims administrator partially certified a request for Tylenol #3, apparently for weaning purposes and denied acupuncture. The claims administrator denied the request for acupuncture invoking non-MTUS ODG Guidelines and stated that acupuncture was not recommended for carpal tunnel syndrome. The applicant's attorney subsequently appealed. In a handwritten note dated June 24, 2013, the applicant was placed off of work, on total temporary disability, through October 10, 2013. On April 22, 2014, the applicant was described as having 5/10 without pain medications and 3/10 with pain medications. The applicant was status post earlier carpal tunnel release surgery and trigger thumb release surgery on December 20, 2013. Six sessions of acupuncture were sought. The applicant was given work restrictions. It was not stated whether or not the applicant's restrictions were accommodated by the employer or not. On May 16, 2014, the attending provider complained about the claims administrator's denials of acupuncture and Tylenol #3. The attending provider stated the applicant's pain levels had reduced from 5/10 to 1-2/10 with Tylenol #3 and allowed the applicant to perform minor household chores. The attending provider did not clearly state whether or not the applicant had had prior acupuncture or not. The remainder of the file was surveyed. There was no concrete evidence that the applicant had had prior acupuncture.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions for the right upper arm Qty: 6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Contrary to what was suggested by the claims administrator, MTUS 9792.24.1.a.1 and MTUS 9792.24.1.a.3 support the usage of acupuncture for a wide variety of purposes, including as an adjunct to physical medicine and rehabilitation, as an adjunct to surgical intervention, in applicants in whom pain medications are not tolerated, to decrease medication side effects, and/or in the chronic pain context present here. The six-session course of treatment proposed appears to represent an initial course of acupuncture and is, furthermore, consistent with three- to six-session course deemed necessary to produce functional improvement in MTUS 9792.24.1.c.1. Therefore, the request is medically necessary.

**Tylenol/Codeine #3 Qty: 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 81, 82, 83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improve functioning, and/or reduced pain achieved as a result of the same. In this case, while the applicant does not appear to be working, the attending provider has established the presence of a quantifiable reduction in pain scores of 5/10 to 1-10/10 with ongoing Tylenol #3 usage and has, furthermore, suggested that the applicant's ability to grip, grasp, and perform other household chores is likewise being ameliorated with ongoing Tylenol #3 usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.