

Case Number:	CM14-0079707		
Date Assigned:	07/18/2014	Date of Injury:	10/16/2012
Decision Date:	09/16/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/30/2014

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 Physical Medicine and Rehabilitation 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:

This 41 year-old patient sustained an injury on 10/16/12 while employed by [REDACTED]. Request under consideration include Hydrocodone/APAP 5/500 mg #60 with one (1) refill and Acupuncture neck and back, three (3) times weekly for four (4) weeks. Diagnoses include cervical strain; lumbar strain/radiculopathy; umbilical hernia; supraspinatus and infraspinatus tendinitis s/p right shoulder arthroscopy; AC joint arthropathy; and rule out ulnar nerve laceration. Conservative care has included medications, physical therapy, acupuncture, and modified activities/rest. Medications list Vicodin, Ketoprofen, Orphenadrine, Medrox, and Omeprazole. Report of 11/8/13 from the orthopedist noted patient was 2-1/2 months having completed 13 of 16 post-op PT visits. Exam showed shoulder range with flex/abd/IR/ER of 160/155/30/70 degrees; 4+/5 motor strength at rotator cuff with slight pain. Treatment recommended additional PT. Report of 12/10/13 from the provider noted the patient with ongoing chronic symptom complaints. Exam showed cervical spine paravertebral muscle tenderness; spasm; decreased range by 30%; intact sensation; right shoulder with tenderness; well-healed arthroscopic incision; improved shoulder range. Treatment included acupuncture which was modified for 6 visits. The patient remained TTD. AME re-evaluation dated 2/19/14 noted the patient to be P&S, unable to return to his usual and customary job duties with future medical for medication, ortho follow-up and lumbosacral corset. The request for Hydrocodone/APAP 5/500 mg #60 with one (1) refill was modified for #40 and Acupuncture neck and back, three (3) times weekly for four (4) weeks was modified for 6 visits on 5/8/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/500 mg #60 with one (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Hydrocodone/APAP 5/500 mg #60 with one (1) refill is not medically necessary and appropriate.

Acupuncture neck and back, three (3) times weekly for four (4) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received at least 12 prior sessions of acupuncture with most recent 6 sessions for this 2012 injury; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture neck and back, three (3) times weekly for four (4) weeks is not medically necessary and appropriate.

