

Case Number:	CM14-0082186		
Date Assigned:	07/21/2014	Date of Injury:	10/23/2002
Decision Date:	09/12/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/03/2014

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 51 year-old patient sustained an injury on 10/23/2002 while employed by [REDACTED]. Request(s) under consideration include 1 Prescription of Hydrocodone/APAP (acetaminophen) 10/325 mg #90 and 8 Acupuncture Sessions. Diagnoses include lumbar disc displacement. Report of 4/16/14 from the provider noted the patient with persistent ongoing low back pain rated at 8/10 with treatment plan to include medication refills. Report of 7/11/14 from the spine and orthopedic center acupuncture worksheet report noted treatment #36. Subjective complaints noted the patient with low back and left lower limb pain constant and moderate in nature. It was noted acupuncture provide relief for about 3 days with decreased pain level, better sleep and function. The only objective findings documented "low back pain traverses jing lu foot tai yang" ? No other findings noted. Diagnoses include lumbar radiculopathy; canal stenosis; retrolisthesis L5-S1 and degenerative disc disease. Treatment recommendation noted additional acupuncture therapy. Request(s) for 1 Prescription of Hydrocodone/ APAP (acetaminophen) 10/325 mg #90 and 8 Acupuncture Sessions were non-certified on 5/29/14 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:

1 Prescription of Hydrocodone/APAP (acetaminophen) 10/325 mg #90: Upheld

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

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

Decision rationale: Per the California Medical Treatment Utilization Schedule (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 California (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 1 Prescription of Hydrocodone/APAP (acetaminophen) 10/325 mg #90 is not medically necessary and appropriate.

8 Acupuncture Sessions: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (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 36 prior sessions of acupuncture per report of 7/11/14; 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 eight Acupuncture Sessions is not medically necessary and appropriate.