

Case Number:	CM14-0095344		
Date Assigned:	07/25/2014	Date of Injury:	06/06/2008
Decision Date:	10/03/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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:

This case involves a female injured worker who has developed a chronic pain syndrome since her injury dated 6/7/08. She has complaints of low back pain and bilateral knee pain with the left worse than the right. She has mild-moderate spondylitis lumbar changes without myelopathy. Her left knee has tricompartmental arthritis. She has been treated with knee arthroscopies and lumbar epidural injections. She takes oral analgesics which includes Hydrocodone 10/325mg 3x per day and Celebrex. She was treated with 8 previous sessions of acupuncture and it is documented that she likes them. It is also clearly documented that there were no resulting functional or medication changes. The utilization review states that a prior request for a sleep consultation was approved on 2/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Guidelines recommend up to a trial of 6 sessions of acupuncture with additional sessions dependent upon improvements in function. This patient has had 8

completed sessions and it is clearly documented that there has been no improvement in her day to day function. It is also documented that there was no changes in medication needs. The request for an additional 8 sessions of acupuncture is not supported by Guidelines. As such, this request is not medically necessary.

Consult with Sleep Specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: MTUS Guidelines supports the use of consultants when the medical issue is beyond the scope of the treating physician. It is certainly reasonable that an orthopedist would not have the expertise to evaluate the complaints of chronic insomnia. Official Disability Guidelines (ODG) provides additional specifics regarding chronic insomnia treatment and they recommend further evaluation and cognitive therapy for chronic insomnia instead of the long-term use of hypnotic medications. Therefore, the request is medically necessary.

Compound medication, Ketoprofen/Lidocaine/Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics see Compound Preparations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,112,113..

Decision rationale: MTUS Guidelines are very specific regarding the appropriate use of topical analgesics. If a single agent is not FDA approved for MTUS Guidelines are very specific regarding the appropriate use of topical analgesics. If a single agent is not FDA approved for topical use the compound is not recommended. All of these 3 medications in this form are specifically mentioned and not recommended in the Guidelines. The compounded medication, Ketoprofen, Lidocaine and Cyclobenzaprine is not medically necessary. The compounded medication, Ketoprofen, Lidocaine and Cyclobenzaprine is not recommended. All of these 3 medications in this form are specifically mentioned and not recommended in the Guidelines. The Compounded Ketoprofen, Lidocaine and Cyclobenzaprine is not medically necessary.