

Case Number:	CM14-0095523		
Date Assigned:	07/25/2014	Date of Injury:	03/19/2002
Decision Date:	09/26/2014	UR Denial Date:	06/03/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 51-year-old female with a reported date of injury on 03/19/2002. The mechanism of injury was noted to be from cumulative trauma. Her diagnoses were noted to include lumbar strain/sciatica and thoracic strain. Her previous treatments were noted to include acupuncture and medications. The progress note dated 07/21/2014 revealed complaints of worsened back pain. The physical examination revealed tenderness to the lower back with restricted range of motion. There was a positive straight leg raise test noted. The progress note dated 08/06/2014 revealed low back pain had worsened. The physical examination revealed tenderness to the low back with restricted range of motion. There was a positive straight leg raise test noted. The medication regimen was noted to include Norco 10/325 mg 3 times a day #45, Soma 350 mg 3 times a day #45, and Motrin 800 mg twice a day #45. The Request for Authorization Form dated 06/23/2014 was for 6 additional acupuncture sessions; however, the provider's rationale was not submitted within the medical records. The Request for Authorization Form and the provider's rationale was not submitted for Norco 10/325 mg #45, Soma 350 mg #45, and Motrin 800 mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #45 is not medically necessary. The injured worker's been utilizing this medication since at least 10/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There was a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with regards to activities of daily living with the use of medications. This lack of documentation regarding side effects and whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence of significant pain relief, increased functional status, side effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Soma 350mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for Soma 350 mg #45 is not medically necessary. The injured worker's been utilizing this medication since at least 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and decreasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation regarding efficacy and approved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication has been utilized. The guidelines state muscle relaxants are recommended for short term utilization and the injured worker has been utilizing this medication for over 6 months. Therefore, the request is not medically necessary.

Motrin 800mg #45: Upheld

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

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

Decision rationale: The request for Motrin 800 mg #45 is not medically necessary. The injured worker's been utilizing this medication since at least 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The guidelines recommend NSAIDs as a second line treatment after acetaminophen for acute exacerbations of chronic pain. The guidelines recommend NSAIDs as an option for short term symptomatic relief of chronic low back pain with NSAIDs. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. The guidelines recommend short term utilization and the injured worker has been on this medication for over 6 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Acupuncture 6 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 6 sessions is not medically necessary. The injured worker has received previous acupuncture sessions. The Acupuncture Medical Treatment Guidelines state acupuncture is used as an option when pain medication is reduced and not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in anxious patients, and reduce muscle spasm. The frequency and duration of acupuncture with time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 3 times per week and an optimum duration of 1 to 2 times per month. Acupuncture treatments may be extended if functional improvement is documented. There is a lack of documentation regarding functional improvement with previous acupuncture treatments as well as the number of sessions completed. There is a lack of documentation regarding acupuncture being used in adjunct with physical rehabilitation and therefore is not appropriate at this time. As such, the request is not medically necessary.