

Case Number:	CM14-0187857		
Date Assigned:	11/18/2014	Date of Injury:	07/13/2004
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/11/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 61 year old male with an injury date of 07/13/04. Based on the 06/28/14 progress report provided by treating physician, the patient complains of low back and neck pain. Patient is status post right anterior cervical fusion 02/17/11, per treater report dated 08/12/14. Physical examination on 06/28/14 revealed lumbar spasm and tenderness. Patient medications include Vicodin and Neurontin. Patient is not working. Treater report dated 05/27/14 states "patient has had the most improvement in his symptoms from Acupuncture coupled with his home exercise program and medication regimen. He would benefit from further Acupuncture as this makes him the most functional of all the treatment modalities." Patient medications included Voltaren, Norflex and Tramadol per 05/27/14 report. Per progress report dated 09/16/14, treater states that patient "will continue Diclofenac and acupuncture for now in terms of conservative treatment." Treater further states "this patient would benefit from pain specialist-level medication management, with specific adjustments to improve pain control... I would be happy to participate as a co-treating physician with my role limited to prescription and monitoring of pain..."Diagnosis 05/27/14- other, chronic pain- degen cervical intervertebral disc- degen lumb/lumbosac intervert disc- brachial neuritis/radiculitis NOSDiagnosis 06/28/14- concussion-cervical disc herniation and objective radiculopathy- emotional disorderThe utilization review determination being challenged is dated 11/06/14. The rationale for Diclofenac is "there should be clear documentation of efficacy of the medication evidenced by quantifiable pain relief..."Treatment reports were provided from 05/18/14 - 11/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture eight (8) sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 13.

Decision rationale: The patient presents with neck and low back pain. The request is for acupuncture eight (8) sessions. Patient is status post right anterior cervical fusion 02/17/11, per treater report dated 08/12/14. Patient's diagnosis on 05/27/14 included chronic pain, degen cervical intervertebral disc, degen lumb/lumbosac intervert disc and brachial neuritis/radiculitis. Physical examination on 06/28/14 revealed lumbar spasm and tenderness. Treater report dated 05/27/14 states "patient has had the most improvement in his symptoms from Acupuncture coupled with his home exercise program and medication regimen. He would benefit from further Acupuncture as this makes him the most functional of all the treatment modalities." Patient medications included Voltaren, Norflex and Tramadol per 05/27/14 report. Acupuncture Medical Treatment Guidelines. MTUS page 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Per progress report dated 09/16/14, treater states that patient "will continue Diclofenac and acupuncture for now in terms of conservative treatment." Treater report dated 05/27/14 states "patient has had the most improvement in his symptoms from Acupuncture coupled with his home exercise program and medication regimen. He would benefit from further Acupuncture as this makes him the most functional of all the treatment modalities." MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status AND reduced dependence on other medical treatments. In this case, while the treater mentions functional improvement, this is not verified through discussions regarding ADL's, change in work status and reduction in medication use, for example. The request IS NOT medically necessary.

Diclofenac Sodium 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Osteoarthritis (including knee & hip).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60-61; 22.

Decision rationale: The patient presents with neck and low back pain. The request is for Diclofenac Sodium 100MG #60. Patient is status post right anterior cervical fusion 02/17/11, per treater report dated 08/12/14. Patient's diagnosis on 05/27/14 included chronic pain, degen cervical intervertebral disc, degen lumb/lumbosac intervert disc and brachial neuritis/radiculitis. Physical examination on 06/28/14 revealed lumbar spasm and tenderness. Patient medications

included Voltaren, Norflex and Tramadol per 05/27/14 report. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. UR letter dated 11/06/14 states "there should be clear documentation of efficacy of the medication evidenced by quantifiable pain relief..." Per progress report dated 09/16/14, treater states that patient "will continue Diclofenac and acupuncture for now in terms of conservative treatment." Treater further states "this patient would benefit from pain specialist-level medication management, with specific adjustments to improve pain control... I would be happy to participate as a co-treating physician with my role limited to prescription and monitoring of pain..." Based on review of reports, it appears Diclofenac has been initiated recently. The patient suffers from chronic pain, and treater is recently starting patient on a new regimen, which appears reasonable and would benefit patient. The request IS medically necessary.