

Case Number:	CM15-0102429		
Date Assigned:	06/04/2015	Date of Injury:	01/07/2000
Decision Date:	07/10/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 47-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 7, 2000. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve requests for 12 sessions of acupuncture, Percocet, and Soma. The claims administrator referenced a RFA form of May 5, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated May 4, 2015, ongoing complaints of neck, mid back, and low back pain were reported. The applicant was using a neck brace owing to heightened pain complaints, it was acknowledged. The attending provider acknowledged that the applicant's overall functionality was declining. Twelve sessions of acupuncture and a psychiatric consultation was endorsed while the applicant was kept off of work, on total temporary disability. Medication selection and medication efficacy were not discussed. In a May 11, 2015 RFA form, acupuncture, an internal medicine consultation, psychiatry consultation, a CT scan of the cervical spine, tizanidine, Percocet, Soma, and Topamax were endorsed. In an associated letter dated May 5, 2015, the attending provider stated that the applicant was having a variety of mental health issues. The attending provider suggested that the applicant consult a psychiatrist to further evaluate the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for cervical and lumbar spine Qty: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for 12 sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1 a. acknowledged that acupuncture can be employed for a wide variety of purposes, including in the chronic pain context present here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.1d. to the effect that acupuncture treatments should be extended only if functional improvement is documented as defined in section 9792.20e. Here, the May 4, 2015 progress note was thinly and sparsely developed, handwritten, difficult to follow, and not altogether legible. It was not clearly stated how much prior the applicant had had (if any). The applicant's response to the same was not clearly detailed. It was not clearly stated for what purpose and/or issue further acupuncture was proposed. Therefore, the request is not medically necessary.

Percocet 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, May 4, 2015. A handwritten progress note of that date stated that the applicant's functionality was declining (as opposed to improving), despite ongoing Percocet usage. The attending provider failed to identify either quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Percocet usage. Therefore, the request is not medically necessary.

Soma 350 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol of Soma is not recommended for chronic or long-term use purposes, particularly in conjunction with opioid agents. Here, the request was framed as a renewal request for the same. The applicant was concurrently using Percocet, i.e., an opioid agent. Continued usage of Soma, thus, ran counter to the philosophy espoused on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.