

Case Number:	CM15-0105513		
Date Assigned:	06/09/2015	Date of Injury:	03/29/2013
Decision Date:	07/10/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/01/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 48-year-old female, who sustained an industrial injury on 03/29/2013. The injured worker is currently working part time with modifications. The injured worker is currently diagnosed as having cervical disc protrusions at C3-C4 and C4-C5, mild central stenosis at C4-C5, mild neural foraminal stenosis at C4-C5, facet joint arthropathy at C4- C5 and C5-C6, central stenosis at C5-C6, facet joint arthropathy at C6-C7, right neural foraminal stenosis at C6-C7, bilateral C neural foraminal stenosis, right cervical radiculopathy with right upper extremity weakness, cervical disc protrusion, cervical stenosis, cervical facet joint pain, right shoulder derangement, right shoulder surgery, and right shoulder impingement. Treatment and diagnostics to date has included right shoulder surgery, physical therapy without improvement, acupuncture with 50% improvement for four weeks, and medications. In a progress note dated 05/14/2015, the injured worker presented with complaints of right neck, right shoulder, and right arm pain. Objective findings include cervical paraspinal muscle and right shoulder tenderness with restricted range of motion. The provider stated the Norco provides 50% improvement of her pain and activities of daily living with consistent urine drug screens. The treating physician reported requesting authorization for Norco and acupuncture to the cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are disk protrusion 2 mm at C3 - C4, C4 - C5, mild central stenosis C4 - C5, mild neural foraminal stenosis at C5 - C6, facet joint arthropathy C6 - C7 right neural foraminal stenosis C6 - C7, bilateral moderate severe C6 neural foraminal stenosis, right cervical radiculopathy with right upper extremity weakness; right shoulder derangement, right shoulder surgery, right shoulder impingement. The documentation shows the treating provider prescribe Norco 5/325 mg as far back as November 3, 2014. This is the earliest progress note and not necessarily the start date for Norco 5/325 mg. A request for Norco was made December 2014 and was denied. The most recent progress notes dated May 14, 2015. Subjectively, the injured worker complained of right neck pain and shoulder pain. The VAS pain score was 8/10 with medications. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation demonstrating objective functional improvement in medical record. There has been no attempt at weaning or discontinuing Norco. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Norco 5/325 mg, detailed pain assessments, risk assessments and attempted weaning and or discontinuation, Norco 5/325mg # 90 is not medically necessary.

Acupuncture for cervical spine and right shoulder Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture cervical spine and right shoulder #6 visits is not medically

necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are disk protrusion 2 mm at C3 - C4, C4 - C5, mild central stenosis C4 - C5, mild neural foraminal stenosis at C5 - C6, facet joint arthropathy C6 - C7 right neural foraminal stenosis C6 - C7, bilateral moderate severe C6 neural foraminal stenosis, right cervical radiculopathy with right upper extremity weakness; right shoulder derangement, right shoulder surgery, right shoulder impingement. The documentation indicates the injured worker received prior acupuncture treatment. The treating provider indicates prior acupuncture resulted in a 50% improvement. The number of acupuncture sessions to date is not documented in the medical record. There are no progress notes with evidence of objective functional improvement in the medical record. There are no acupuncture progress notes in the medical record. The guidelines allow for an initial trial of 3-4 visits and that evidence of objective functional improvement a total of 8 to 12 may be indicated. Consequently, absent clinical documentation with the total number of acupuncture sessions to date and evidence of objective functional improvement, acupuncture cervical spine and right shoulder #6 visits is not medically necessary.