

Case Number:	CM15-0107541		
Date Assigned:	06/12/2015	Date of Injury:	09/02/2003
Decision Date:	07/13/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/04/2015

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, Florida, 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 injured worker is a 51 year old female who sustained an industrial injury on 09/02/2003. Treatment provided to date has included: acupuncture, medications, and conservative therapies/care. There were no recent diagnostic tests submitted or discussed. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 05/08/2015, physician progress report noted complaints of low back pain. Pain is rated as moderate, and described as sharp, throbbing, dull, achy, pressure and constant to frequent; but improving with acupuncture. Additional complaints included the left shoulder pain with radiation to the arms and between the wing bones which is associated with numbness and weakness in the arms and legs, as well as tingling in the back shoulder, arms and legs. This was also noted to be improved with acupuncture. On a scale of 0 to 10, the injured worker rated her pain at 7 at the time of the exam, with a rating of 5 at its best and 10 at its worst. The injured worker reported that she could walk one block before having to stop due to pain. The injured worker reported having to avoid performing household chores, participating in recreation, driving, doing yard work, shopping, or caring for herself due to the pain. This was unchanged from previous exams. The injured worker's current medications consist of hydrocodone and Flexeril. The physical exam revealed an antalgic gait, tenderness to palpation of the posterior aspect of left shoulder, positive Hawkin's and crossed arm abduction tests, limited range of motion (ROM), in the left shoulder, limited ROM of the lumbar spine, tenderness in the sciatic notch on the left with gluteal spasm, positive straight leg raise on the left, and decreased sensation over the L5-S1 dermatomes of the lower extremities. The provider noted diagnoses of lumbago and disorders of the bursa and tendons in

the shoulder region. Plan of care includes additional acupuncture, continued hydrocodone, discontinue Flexeril, and follow-up. The injured worker's work status was temporarily totally disabled. Requested treatments include 6 additional acupuncture sessions and hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This claimant was injured in 2003 and has had extensive conservative care. Pain was reported to improve with past acupuncture, but objective functional improvement is not noted. In fact, the claimant still had to avoid many daily functions and this was unchanged. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested is above guides as to what may be effective, and there is no objective documentation of effective functional improvement in the claimant. The sessions were appropriately non-certified under the MTUS Acupuncture criteria. Therefore, the request for Six (6) additional acupuncture sessions is not medically necessary.

Hydrocodone 10/325mg tablets #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured in 2003 and has had extensive conservative care. Pain was reported to improve with past acupuncture, but objective functional improvement is not noted. In fact, the claimant still had to avoid many daily functions and this was unchanged. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted

since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.