

<b>Case Number:</b>	CM15-0140284		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	03/10/2015
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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 52 year old male, who sustained an industrial injury on 3-10-2015. He reported left hip, and left lower extremity pain after moving a heavy object. The injured worker was diagnosed as having hip sprain and strain, and hip tendonitis or bursitis. Treatment to date has included medications, physical therapy, electrodiagnostic studies, and magnetic resonance imaging of the left hip. The request is for 12 acupuncture sessions, Hydrocodone-Acetaminophen 5-325mg, and Naproxen Sodium 550mg. On 5-12-2015, he reported significant improvement since his last exam. He reported continued left hip pain with numbness and tingling of the left lower extremity, and left lower extremity weakness. Electrodiagnostic studies done were reported to have shown chronic bilateral sacroiliac radiculopathy. The treatment plan included: continuing Norco, Naproxen, and magnetic resonance imaging of the lumbar spine and sacrum. On 6-17-2015, he reported continued left hip and low back pain. He reported numbness and tingling in the right lower extremity. Physical therapy is reported to help minimally, and a cortisone injection to the left hip gave temporary relief. His current medications are: Norco, Naproxen, and Omeprazole. The treatment plan included: refills on Norco, and Naproxen, and acupuncture for the left hip, left leg, left foot, and lumbar spine. His current work status is temporarily totally disabled. The records indicate he has been utilizing Naproxen since at least April 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 acupuncture sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines (2009); Functional restoration approach to chronic pain management Page(s): 1, 8-9.

**Decision rationale:** This claimant was injured last March with left hip, and left lower extremity pain after moving a heavy object. The injured worker was diagnosed as having hip sprain and strain, and hip tendonitis or bursitis. Treatment to date has included medications, physical therapy, electrodiagnostic studies, and magnetic resonance imaging of the left hip. As of May, there was significant improvement but there was still left hip pain with numbness and tingling of the left lower extremity, and left lower extremity weakness. Electrodiagnostic studies done were reported to have shown chronic bilateral sacroiliac radiculopathy. Physical therapy is reported to help minimally, and a cortisone injection to the left hip gave temporary relief. The records indicate he has been utilizing Naproxen since at least April 2015. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement, not the 12 requested here. 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 from prior conservative interventions. The sessions were appropriately non-certified under the MTUS Acupuncture criteria, therefore is not medically necessary.

**Hydrocodone-APAP 5-325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone-Acetaminophen, Criteria for use of opioids.

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

**Decision rationale:** As noted previously, this claimant was injured last March with left hip, and left lower extremity pain after moving a heavy object. The injured worker was diagnosed as having hip sprain and strain, and hip tendonitis or bursitis. Treatment to date has included medications, physical therapy, electrodiagnostic studies, and magnetic resonance imaging of the left hip. As of May, there was significant improvement but there was still left hip pain with numbness and tingling of the left lower extremity, and left lower extremity weakness. Electrodiagnostic studies done were reported to have shown chronic bilateral sacroiliac radiculopathy. Physical therapy is reported to help minimally, and a cortisone injection to the left hip gave temporary relief. The records indicate he has been utilizing Naproxen since at least April 2015. 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 certified per MTUS guideline review.

**Naproxen Sodium 550mg with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C.C.R Page(s): 60 and 67 of 127.

**Decision rationale:** As previously shared, this claimant was injured last March with left hip, and left lower extremity pain after moving a heavy object. The injured worker was diagnosed as having hip sprain and strain, and hip tendonitis or bursitis. Treatment to date has included medications, physical therapy, electrodiagnostic studies, and magnetic resonance imaging of the left hip. As of May, there was significant improvement but there was still left hip pain with numbness and tingling of the left lower extremity, and left lower extremity weakness. Electrodiagnostic studies done were reported to have shown chronic bilateral sacroiliac radiculopathy. Physical therapy is reported to help minimally, and a cortisone injection to the left hip gave temporary relief. The records indicate he has been utilizing Naproxen since at least April 2015. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is appropriately non-certified, therefore is not medically necessary.