

Case Number:	CM15-0148623		
Date Assigned:	08/11/2015	Date of Injury:	06/22/2011
Decision Date:	09/09/2015	UR Denial Date:	07/04/2015
Priority:	Standard	Application Received:	07/30/2015

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: Arizona, California Certification(s)/Specialty:
Family Practice

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 male who sustained an industrial injury on 06-22-2011. Mechanism of injury occurred when he fell from a ladder approximately 15 feet and hit his head on the edge of a pool and fell into the pool. Diagnoses include chronic right knee pain, status post meniscectomy, chondroplasty, 11-18-2011, left knee pain, neck pain with radiating symptoms to the left arm, chronic left shoulder pain, left shoulder arthroscopic acromial decompression and glenohumeral joint debridement on 04-02-2012, status post left cubital tunnel release on 04-02-2012 for positive ulnar neuropathy and right inguinal hernia. Treatment to date has included diagnostic studies, medications, surgery, physical therapy, and acupuncture. He is not working. On 06-13-2014 an unofficial report of a Magnetic Resonance Imaging of the right knee reveals some degenerative meniscus changes, a small joint effusion, and suspicion for an ACL tear with interval scarring. On 11-29-2011 a Magnetic Resonance Imaging of the cervical spine showed significant moderated to severe narrowing of the left neuroforaminal at C6-C7 along with central stenosis at this level. On 10-24-2014 a C6-C7 anterior posterior fusion with instrumentation was done. A physician progress note dated 06-22-2015 documents the injured worker continues with tenderness to palpation of the cervical spine paraspinal muscles. He has discomfort in the right hip area with range of motion. The MS Contin brings his pain down from 8 out of 10 to 4 out of 10. This allows him to be more functional and improves his sleep from 3- 4 hours to 5-6 hours of a more restful sleep. With this medication he can cook for himself and do some light cleaning including his dishes and laundry. His average pain is 6 out of 10. It can get as high as 8 out of 10, coming down to a 4 out of 10 at its best. It takes about 30 minute to take effect, and lasts about 4-6 hours. Colace helps with his constipation. The injured worker has had acupuncture in the past and it has been beneficial. Treatment requested is for Colace 100mg #90 with 2 refills, MS Contin 60mg #90, and Six (6) acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case the claimant has undergone numerous amounts of acupuncture treatments since 2012. The request for additional acupuncture is beyond the amount recommended by the guidelines. Since it is considered an option, it is not medically necessary.

MS Contin 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, Morphine is not 1st line for mechanical or compressive etiologies. Doses exceeded 120 mg per day are not recommended. In this case, the claimant had exceeded the recommended dosage amount. The claimant additionally had been on Norco for over 2 years and MS Contin for over a year. Weaning failure was not noted or alternate non opioids medications. The continued use of MS Contin as prescribed above is not medically necessary.

Colace 100mg #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on months. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. Since the MS Contin is not necessary, the use of Colace is not medically necessary.