

Case Number:	CM15-0149320		
Date Assigned:	08/12/2015	Date of Injury:	04/26/2014
Decision Date:	09/14/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/31/2015

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 56-year-old who has filed a claim for chronic low back and wrist pain reportedly associated with an industrial injury of April 26, 2014. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve requests for 12 sessions of acupuncture, gabapentin, and Norco. A July 13, 2015 prescription was referenced in the determination. The claims administrator invoked the misnumbered, now-outdated, now-revised 2007 MTUS and Acupuncture Medical Treatment Guidelines and mislabeled the same as originating from the current MTUS. The applicant's attorney subsequently appealed. On an RFA form dated July 14, 2015, Norco and Neurontin were sought. In an associated dated July 13, 2015, the applicant reported ongoing complaints of low back, hand, and wrist pain. The applicant's past medical history was notable for diabetes and dyslipidemia, it was reported. The applicant was described as moderately obese. The applicant's medications included naproxen, Norco, Protonix, Flexeril, and glipizide, Motrin, Zestril, metformin, Pravachol, and tramadol, it was reported. The attending provider stated that he was prescribing the applicant with Norco while the applicant was receiving tramadol elsewhere. At the bottom of the note, the attending provider stated that he was introducing gabapentin for issues with carpal tunnel syndrome. The attending provider stated that the applicant was deriving some analgesia from Norco. The applicant was given a rather proscriptive 10-pound lifting limitation. The applicant was having difficulty gripping, grasping, and writing, it was reported. It was not clearly stated whether the applicant was or was not working with said 10-pound lifting limitation in place, although this did not appear to be the case. Twelve sessions of acupuncture were sought. One section of the note

framed the request as a first-time request for acupuncture. On December 12, 2014, the applicant underwent a right-sided carpal tunnel release procedure. On November 11, 2014, the applicant's medications included tramadol, metformin, Zestril, Pravachol, and Lasix, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions, Bilateral Hands & Wrists, 12 sessions: 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 9792.24.1a acknowledge 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 9792.24.1.c1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. Here, thus, the request for 12 initial acupuncture treatments represents treatment at a rate two to four times MTUS parameters. The attending provider failed to furnish a clear or compelling rationale for such a protracted course of acupuncture via his July 13, 2015 progress note. Therefore, the request was not medically necessary.

Gabapentin 600 mg Qty 80: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: Conversely, the request for gabapentin, an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, and indicated here. As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is considered a first-line treatment for neuropathic pain, as was present here in the form of the applicant's ongoing issues with bilateral upper extremity paresthesias attributed to carpal tunnel syndrome. The attending provider stated on July 13, 2015 that gabapentin was being endorsed on a trial basis to ameliorate the applicant's ongoing neuropathic pain complaints. Therefore, the first-time request for gabapentin was medically necessary.

Norco 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

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

Decision rationale: Finally, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. Unlike the request for gabapentin, the request for Norco was framed as a renewal or extension request for the same. 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's work status was not clearly reported on July 13, 2015. The attending provider did, however, suggest that the applicant was not working with a rather proscriptive 10-pound lifting limitation in place while the attending provider stated that Norco was providing some pain relief, the attending provider failed to outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing Norco usage. The applicant's seeming failure to return to work, the attending provider failure to report the applicant's work status, and the attending provider's commentary on July 13, 2015 to the effect that the applicant was still having difficulty performing activities of daily living as basic as gripping, grasping, and writing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.