

<b>Case Number:</b>	CM15-0164535		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	05/03/2001
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58 year old female, who sustained an industrial injury on 5-3-2001. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical degenerative disc disease with radiculopathy, chronic pain syndrome and cervical facet joint pain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-4-2015, the injured worker complains of pain rated 6 out of 10 with medications and 10 out of 10 without medications. Physical examination showed cervical spine pain with restricted range of motion. The treating physician is requesting 6 sessions of acupuncture and Norco 10-325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions of Acupuncture:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The claimant has a remote history of a work injury occurring in May 2001 and continues to be treated for neck pain. Medications are referenced as decreasing pain from 10/10 to 5-6/10 and allowing for completion of activities of daily living. When seen, physical examination findings included severe cervical spine pain, tightness, and spasms with decreased range of motion and positive Spurling's testing. She was having left upper extremity evening pain. There was tenderness over the carpal tunnel and a tremor was present. Prior treatments had included acupuncture in January 2015 with improvement in quality and quantity of sleep and a reported 50% decrease in pain. Authorization for six sessions of acupuncture was requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, there is no adjunctive treatment being planned. The claimant has already had acupuncture and, although there was improvement in sleep and pain, there was no evidence of functional improvement or any decrease in medication use. The request is not medically necessary.

**1 Prescription of Norco 10/325mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in May 2001 and continues to be treated for neck pain. Medications are referenced as decreasing pain from 10/10 to 5-6/10 and allowing for completion of activities of daily living. When seen, physical examination findings included severe cervical spine pain, tightness, and spasms with decreased range of motion and positive Spurling's testing. She was having left upper extremity evening pain. There was tenderness over the carpal tunnel and a tremor was present. Prior treatments had included acupuncture in January 2015 with improvement in quality and quantity of sleep and a reported 50% decrease in pain. Medications were refilled including Fentanyl and Norco at a total MED (morphine equivalent dose) of over 200 mg per day. Authorization for six sessions of acupuncture was requested. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of Norco at this dose was not medically necessary.