

Case Number:	CM15-0164547		
Date Assigned:	09/01/2015	Date of Injury:	05/03/2001
Decision Date:	10/05/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	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 a work related injury May 3, 2001. History included bursitis in both shoulders, tendinitis in forearms, thyroid condition, spine fusion 1997, and scoliosis. According to a treating physician's progress notes, dated July 30, 2015, the injured worker presented with chronic neck pain in the setting of cervical degenerative disc disease with radiculopathy. This is a routine office visit and for medication refills. She reports headaches that are more frequent on the right side. She is using ice and going to a dark room, which is helpful. The pain radiates from her neck to the top of her head, with neck spasms. She rated her pain 10 out of 10 without medication and 5 out of 10 with medication. She has been having 50% reduction in pain with physical therapy. Current medication included Norco, Fentanyl patch, Klonopin, Gabapentin, and Wellbutrin. Objective findings included; cervical spine-severe pain tightness and spasms along the cervical spine with radiating pain to the bilateral trapezius, flexion and extension are 20% restricted, rotation 30% restricted left and 10% restricted right, positive Spurling's; left upper extremity- burning with tenderness over the carpal tunnel, tremor present in hand and increased into the arm; dysesthesia left arm to fingertips, mild on right arm, continued tremors on her arms. Diagnoses are degeneration of cervical intervertebral disc; chronic pain syndrome; cervical facet joint pain; brachial neuritis; chronic depression; post-surgical arthrodesis status. At issue, is the request for authorization for 6 sessions of acupuncture and Norco.

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 2000 and is being treated for chronic neck pain. Medications are referenced as decreasing pain from 10/10 to 5/10 and allowing for completion of activities of daily living. When seen, there was severe cervical spine tightness and spasms with decreased range of motion. Spurling's testing was positive. There were upper extremity dysesthesias and a tremor was present. There was left wrist and carpal tunnel tenderness. Medications were refilled. Fentanyl and Norco were being prescribed at a total MED (morphine equivalent dose) of 210 mg per day. Acupuncture treatments were requested. The claimant had previously received acupuncture in January 2015. Prior treatments are referenced as having helped headaches symptoms by more than 50%. 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, the claimant has already had acupuncture treatments. Although improvement in headaches is referenced, there is no evidence of functional improvement and no adjunctive treatment is being planned. Classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. The request is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing, Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2000 and is being treated for chronic neck pain. Medications are referenced as decreasing pain from 10/10 to 5/10 and allowing for completion of activities of daily living. When seen, there was severe cervical spine tightness and spasms with decreased range of motion. Spurling's testing was positive. There were upper extremity dysesthesias and a tremor was present. There was left wrist and carpal tunnel tenderness. Medications were refilled. Fentanyl and Norco were being prescribed at a total MED (morphine equivalent dose) of 210 mg per day. 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 attempts at weaning of the currently prescribed medications are not being actively done. Ongoing prescribing at this dose was not medically necessary.

