

Case Number:	CM15-0165230		
Date Assigned:	09/02/2015	Date of Injury:	11/08/2010
Decision Date:	10/06/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 34 year old female who sustained an industrial injury on 11-8-10. Her initial complaints were back pain, as well as swelling and pain in her right arm. Her injury was sustained as the result of attempting to stabilize an object that was rolling down a ramp toward her. A neurology consultation report, dated 2-19-15, indicates that the injured worker also developed headaches and insomnia, as well as continued neck and back pain and pain and weakness in her shoulders, arms, and hands. She reported that her headaches began in 2012. They were noted to be "bi-frontal headaches which are associated with bi-occipital headaches". She had been taking Fioricet, which was noted to be helpful, but she requested a different type of medication during that visit. She reported that the headache pain consisted of "pounding and pressure discomfort" and was associated with nausea, at times. She underwent an MRI of the brain. She also complained of insomnia due to "continuing pain and difficulty finding a comfortable position". She reported undergoing a sleep study and that they found "sleep apnea". Her diagnoses included depression, headaches, "probably a combination of cervicogenic headache, analgesic use headaches, and tension-type headaches", sleep initiation and maintenance insomnia secondary to pain with associated daytime impairment; possible obstructive sleep apnea, and obesity with recent weight gain, rule out idiopathic intracranial hypertension with headaches. The treatment recommendation was to wean the Fioricet "as quickly as possible" due to concern that the headaches are caused from analgesic use. A prescription for Gabapentin was given. Recommendations for non-steroidal anti-inflammatory medication with a proton pump inhibitor were given. A repeat MRI of the brain was

recommended to "determine if there are any changes secondary to increase pressure effects" and an ophthalmology evaluation was recommended. The primary treating physician's progress note, dated 6-30-15, indicates that the injured worker complained of pain in the right shoulder, cervical spine, and lumbar spine. She continued to complain of sleep problems due to pain, as well as dizziness, headaches, numbness, tingling and symptoms of anxiety and depression. Conservative treatment tried has included activity modification, application of heat, acupuncture, and an interferential unit. The report states that surgery on the right shoulder was denied. She underwent an EMG-NCV study. Her diagnoses include cervical radiculopathy C5, C6, positive EMG secondary to herniated cervical disc, positive MRI, status post cervical epidural steroid injections x 2, status post right carpal tunnel release on 12-14-13, symptoms of anxiety and depression, right elbow lateral epicondylitis, herniated lumbar disc with S1 radiculopathy, right shoulder subacromial impingement, symptoms of insomnia, left hand carpal tunnel syndrome, right hip strain and sprain, gastroesophageal reflux disease, headaches, and obesity. The treatment plan included a cervical traction unit and cervical pillow, acupuncture treatment to decrease pain and restore function, refer to pain management, and refill Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture cervical & thoracic spine, right hand and right upper arm Qty 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture cervical & thoracic spine, right hand and right upper arm Qty 12 is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits of acupuncture. Additionally, the documentation indicates that that the patient has had prior acupuncture. It is unclear of the amount and efficacy in terms of functional improvement from this prior acupuncture. For all of these reasons the request for acupuncture is not medically necessary.

Percocet 10/325mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Percocet 10/325mg Qty 120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment

Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or evidence of significant objective functional improvement on opioids therefore the request for Percocet is not medically necessary.