

Case Number:	CM15-0166546		
Date Assigned:	09/04/2015	Date of Injury:	03/21/2010
Decision Date:	10/07/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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, 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:

This is a 53 year old female patient, who sustained an industrial injury on March 21, 2010. The diagnoses include lumbar-lumbosacral intervertebral disc degeneration, chronic pain syndrome, sacroiliitis (not otherwise specified) and thoracic-lumbosacral neuritis-radiculitis (unspecified). Per the progress note dated August 7, 2015 and 9/11/15, she had complaints of low back and right leg pain. The physical examination revealed tenderness, spasm over the right lumbosacral spine, positive right straight leg raising test and decreased range of motion. The medications list includes Norco, soma, Lyrica and Celebrex. Per the progress note dated March 13, 2015 she experienced temporary relief from sacroiliac joint injection. Per the note dated June 5, 2015 she was experiencing a 40% relief in pain from acupuncture, which was allowing her to start weaning off of her pain medication. She has had lumbar spine MRI dated 6/25/12 which revealed 3 mm disc protrusion at L4-5 and L5-S1; lumbar spine MRI on 3/29/15 which revealed disc dehydration, minor posterior extension of disc annulus and several levels of annular fissures. Treatment to date has included medications, psychotherapy, MRI, x-rays, sacroiliac joint injections, acupuncture, aqua therapy, home exercise and heat and ice therapy. The following; acupuncture (once a week for six weeks) for the lumbar spine and Norco 10-325 mg (one table three times a day) #90 are requested to reduce pain, improve function and range of motion (the acupuncture will continue to allow for weaning off medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 time a week for 6 weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Acupuncture 1 time a week for 6 weeks, lumbar spine. MTUS guidelines Acupuncture Medical Treatment Guidelines. 9792.24.1. Acupuncture Medical Treatment Guidelines. CA MTUS Acupuncture medical treatment guidelines cited below state that "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." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines "Acupuncture treatments may be extended if functional improvement is documented." Per the records provided, patient has had unspecified acupuncture visits for this injury. There is no evidence of significant progressive functional improvement from the previous acupuncture visits that is documented in the records provided. The medical records provided do not specify any intolerance to medications. Response to previous conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. The medical necessity of Acupuncture 1 time a week for 6 weeks, lumbar spine is not fully medically necessary for this patient at this time.

Norco 10/325mg 1 by mouth TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Norco 10/325mg 1 by mouth TID #90. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not

documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to antidepressant or low potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. Per the cited guidelines, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen, 2006)" This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg 1 by mouth TID #90 is not medically necessary for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.