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| Case Number: | CM15-0168739 | | |
| Date Assigned: | 09/09/2015 | Date of Injury: | 06/19/2013 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 07/29/2015 |
| Priority: | Standard | Application Received: | 08/27/2015 |

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 44 year old female, who sustained an industrial injury on 06-19-2013 resulting in pain and injury to the to the head with loss of consciousness. A review of the medical records indicates that the injured worker is undergoing treatment for severe headaches, neck and low back pain, and bilateral shoulder pain. Medical records (01-29-2015 to 07-22-2015) indicate ongoing constant headaches, constant neck pain radiating to the upper extremities with numbness and tingling, constant low back pain radiating to the left lower extremity with numbness and tingling in the leg, and constant bilateral shoulder pain. Although, there were some months that progress notes reported slight reductions in pain levels, other monthly progress notes showed increased in pain. Records also indicate no changes in activities of daily living. Per the treating physician's progress report, the injured worker has not returned to work. The physical exams, dated 05-28-2015 and 07-22-2015, revealed slight decreased cervical range of motion (ROM), slight increased right shoulder ROM, and some slightly decreased left shoulder ROM. Relevant treatments have included consultation and treatments with a neurologist and discharged, several sessions of physical therapy, work restrictions, and pain medications (Norco since at least 2014). The injured worker denied any side effects or gastrointestinal symptoms with the use of medications, and there were no reported signs of aberrant behavior. The medical records included a MRI of the cervical spine (04-2015) showing mild to moderate superior rightward tilt with mild lordosis, multilevel minimal disc protrusions with mild neural foraminal stenosis; and a electromyogram of the bilateral upper extremities (02-2015) showing electrophysiological evidence of slight C5-6 radiculopathy. An initial acupuncture evaluation (05-07-2015) recommended 8 acupuncture sessions (2 times per week for 4 weeks for neck, shoulder and low back pain.) The request for authorization (07-22-2015)

shows that the following medication and therapy were requested: Norco 10-325mg #90 and 8 acupuncture sessions for the cervical spine, lumbar spine, and bilateral shoulders. The original utilization review (07-29-2015) denied a request for Norco 10-325mg #90 due to the lack of quantifiable overall improvement in function with the long-term use of Norco. The original utilization review (07-29-2015) also modified a request for 8 sessions of acupuncture to a trail of 6 sessions of acupuncture based on guidelines stating that a trail of 3-6 session with functional improvement required before additional acupuncture can be approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #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 for chronic pain.

Decision rationale: The claimant sustained a work injury in June 2013 and is being treated for neck and low back pain and bilateral shoulder pain as well as headaches after a head injury. Treatments have included physical therapy with completion of 32 treatments as of 07/06/13. When seen, there was constant pain rated at 4-6/10. She was having intractable headaches. Physical examination findings included decreased cervical, lumbar and shoulder range of motion. There was positive left straight leg raising. Norco and Fioricet are being prescribed on a long-term basis. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. This medication as well as Fioricet may be causing rebound headaches. Continued prescribing was not medically necessary.

8 acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a work injury in June 2013 and is being treated for neck and low back pain and bilateral shoulder pain as well as headaches after a head injury. Treatments have included physical therapy with completion of 32 treatments as of 07/06/13. When seen, there was constant pain rated at 4-6/10. She was having intractable headaches. Physical examination findings included decreased cervical, lumbar and shoulder range of motion. There was positive left straight leg raising. Norco and Fioricet are being prescribed on a long-term basis. 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 with a frequency or 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is in excess of

guideline recommendations. The requested acupuncture treatments were not medically necessary.