

<b>Case Number:</b>	CM15-0188347		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	04/17/2008
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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:

This is a 40 year old male who sustained a work-related injury on 4-17-08. Medical record documentation on 8-24-15 revealed the injured worker was being treated for left piriformis syndrome, status post lumbar revision surgery 7-31-14 and 8-5-14, and status post left piriformis muscle release surgery on 2-10-12. He reported significant muscle spasms across the low back and increased left-side low back pain. Shooting pain from the left buttock down the leg had improved. He reported that he continued to find Norco helpful but noted that the pain relief from Norco does not last long. He reported that he continued to benefit from a left piriformis injection on 6-25-15. His medication regimen included Norco 10-325 mg, gabapentin 300 mg and lactulose as needed for constipation. Medications previously tried and failed included Dilaudid, Voltaren and Celebrex. The evaluating physician noted that the injured worker had done well with long-acting morphine in the past and the medication was discontinued due to an improvement in pain. The evaluating physician noted that the injured worker had done well with previous acupuncture in the past and it had completely eliminated severe muscle spasms. On physical examination the injured worker had a mildly antalgic gait. He had tenderness to palpation from L1 to S1 with 2-3+ muscle spasms from L3 to S1. He had a positive twitch response. He had decreased sensory in the left L5-S1 dermatome. A urine drug screen on 7-2-15 was consistent with the injured worker's medication regimen. A request for a trial of Morphine ER 15 mg #60 and acupuncture for the left side of the lumbar spine #8 was received on 9-4-15. On 9-8-15 the Utilization Review physician determined a trial of Morphine ER 15 mg #60 was

not medically necessary and modified the request for acupuncture for the left side of the lumbar spine #8 to #6.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Trail Morphine ER 15mg #60:** 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:** Trial Morphine ER 15mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that for intermittent pain the patient is to start with a short-acting opioid trying one medication at a time. For continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of rescue opioids. The need for extra opioid can be a guide to determine the sustained release dose required. The documentation indicates that the patient has had a positive response from acupuncture in the past. Furthermore the documentation states that the patient notes 50% improvement in pain and at times up to 50% improvement in function from his current medications. The provider is requesting acupuncture with the trial of long acting Morphine. At this point the trial of Morphine ER is not medically necessary as the patient has not attempted another round of acupuncture and overall is obtaining 50% improvement in function with current medications.

**Acupuncture, left side lumbar, quantity 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Elbow Complaints 2007, and Low Back Complaints 2004, and Knee Complaints 2004, and Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Acupuncture, left side lumbar, quantity 8 is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines as written. 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 documentation indicates that prior acupuncture has relieved patient completely of severe muscle spasms, however the request as written would exceed the recommended number of initial visits of acupuncture. For this reason the request for 8 acupuncture sessions is not medically necessary as written.

