

Case Number:	CM15-0190087		
Date Assigned:	10/02/2015	Date of Injury:	05/16/2014
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on 5-16-14. Medical records indicate that the injured worker is undergoing treatment for a traumatic brain injury, chronic headaches, chronic low back pain, chronic neck pain, cervical degenerative disc disease, myofascial pain syndrome, chronic pain, insomnia, major depressive disorder and post-traumatic stress disorder. The injured worker's current work status was not identified. On (8-12-15) the injured worker complained of a horrible headache, neck pain and low back pain. A current pain level was not provided. The injured worker also noted frequent falls due to dizziness. Objective findings noted the injured worker to be alert and oriented. His gait was stooped and slow. The injured worker exhibited difficulty with standing up and sitting down from a chair. The injured worker was noted to wear sunglasses throughout the visit and his affect was mildly depressed. Subsequent progress reports (5-19-15, 6-6-15 and 7-28-15) do not provide the injured workers current pain levels. Treatment and evaluation to date has included medications, electrodiagnostic studies, psychiatric assessments, MRI of the brain, neuropsychological evaluation, a transcutaneous electrical nerve stimulation unit and physical therapy. Current medications include Percocet (since at least May of 2015), Tizanidine, Xanax, Effexor and Hydroxyzine. Current requested treatment includes requests for acupuncture treatments 2 times a week for 4 weeks to the cervical, thoracic and lumbosacral spine and Percocet 10-325 mg unspecified amount. The Utilization Review documentation dated 9-16-15 non-certified the requests for acupuncture treatments 2 times a week for 4 weeks to the cervical, thoracic and lumbosacral spine and Percocet 10-325 mg unspecified amount.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, unspecified quantity: 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, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Percocet 10/325mg, unspecified quantity is not medically necessary and appropriate.

Acupuncture 2 times a week for 4 weeks for the cervical, thoracic, and the lumbosacral spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is not clear if the patient has participated in previous acupuncture. Current clinical exam show no specific physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture to the spine. The patient has been certified physical therapy without documented functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6

treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria for initial trial. The Acupuncture 2 times a week for 4 weeks for the cervical, thoracic, and the lumbosacral spine is not medically necessary and appropriate.