

Case Number:	CM15-0190181		
Date Assigned:	10/02/2015	Date of Injury:	04/20/2008
Decision Date:	11/13/2015	UR Denial Date:	09/14/2015
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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old female, who sustained an industrial injury on 4-20-08. She reported back pain with radiation to bilateral legs. The injured worker was diagnosed as having lumbago, cervicalgia, and pain in joint of lower leg. Treatment to date has included an unknown number of acupuncture treatments and medication including Oxycodone. On 8-21-15 physical examination findings included limited range of motion in the neck, shoulder, and lower back. Tenderness was noted in the neck, shoulder, elbow, lower back, and legs. On 4-2-15 pain was rated as 8.5 of 10. The injured worker had been taking Oxycodone since at least February 2015. On 8-21-15, the injured worker complained of pain in the neck, shoulder, upper arm, elbow, lower back, and leg. On 9-4-15 the treating physician requested authorization for additional acupuncture x6 and on 4-30-15 the treating physician requested authorization for Oxycodone 30mg #30. On 9-14-15 additional acupuncture was non-certified. On 5-8-15 Oxycodone was modified to a quantity of 18.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture Qty 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The injured worker sustained a work related injury on 4-20-08. The injured worker has been diagnosed of lumbago, cervicgia, and pain in joint of lower leg. Treatment to date has included an unknown number of acupuncture treatments and medication including Oxycodone. The medical records provided for review do not indicate a medical necessity for Additional Acupuncture Qty 6. The medical records indicate there is no documentation on of the outcome of the previous acupuncture treatments. Therefore, the requested treatment is not medically necessary. The MTUS recommends: Frequency and duration of acupuncture or acupuncture with electrical stimulation maybe performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef).

Oxycodone 30 MG Qty 30: 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 for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The injured worker sustained a work related injury on 4-20-08. The injured worker has been diagnosed of lumbago, cervicgia, and pain in joint of lower leg. Treatment to date has included an unknown number of acupuncture treatments and medication including Oxycodone. The medical records provided for review do not indicate a medical necessity for Oxycodone 30 MG Qty 30. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Furthermore, the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate that the injured worker has been on this medication at least since 04/2015, with a brief period of holiday from the medication; however, the use of the medication has not led to overall improvement in pain and function. Also, the medical records indicate the injured worker is not properly monitored for analgesia, activities of daily living, adverse effects and aberrant behavior.