MAXIMUS Federal Services

Case Number:	CM15-0191233		
Date Assigned:	10/06/2015	Date of Injury:	10/30/2014
Decision Date:	11/12/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina
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:

The injured worker is a 53 year old female, who sustained an industrial injury on 10-30-14. The injured worker was diagnosed as having carpal tunnel syndrome, cervical strain, derangement of joint not otherwise specified and lateral epicondylitis. Medical records (6-24-15 through 8-4-15) indicated the injured worker was unable to tolerate modified work duties due to pain and Tramadol was causing her nausea and drowsiness. There was no documentation of current pain level. The physical exam (6-2-15 through 8-4-15) revealed "restricted" cervical range of motion, "restricted" bilateral shoulder range of motion and a positive impingement sign in both shoulders. As of the PR2 dated 9-2-15, the injured worker reports continued pain in her bilateral upper extremities and cervical spine. Objective findings include "restricted" cervical range of motion, "restricted" bilateral shoulder range of motion and a positive impingement sign in both shoulders. There is no documentation of current pain level or pain levels with and without medications. Current medications include Naproxen, Omeprazole, Norco (since at least 6-24-15) and Carisoprodol (since at least 6-24-15). Treatment to date has included chiropractic treatments x 3 sessions (with no benefit), an EMG-NCV of the bilateral upper extremities on 6-3-15 showing mild bilateral carpal tunnel syndrome and a left shoulder MRI on 6-13-15 showing no joint effusion and bone marrow signal is normal without fracture, contusion or osteonecrosis. The treating physician requested a Utilization Review for acupuncture 2 x weekly for 3 weeks for the bilateral shoulders and cervical spine, Carisoprodol 350mg #60 and Norco 5-325mg #60. The Utilization Review dated 9-24-15, non-certified the request for acupuncture 2 x weekly for 3 weeks for the bilateral shoulders and cervical spine, Carisoprodol 350mg #60 and Norco 5- 325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 for bilateral shoulders and cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments 2. Frequency: 1-3 times per week 3. Optimum duration is 1-2 months 4. Treatments may be extended if functional improvement is documented The request for acupuncture is for a total of 6 sessions. This is not in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore the request is not in excess of the recommended initial treatment sessions and is medically necessary.

Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back , but rather for ongoing and chronic neck pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.

Hydrocodone (Norco 5/325mg) #60: Upheld

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

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

Decision rationale: The California MTUS states: When to Continue Opioids(a) If the patient has returned to work(b) If the patient has improved functioning and pain(Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary