

Case Number:	CM15-0194620		
Date Assigned:	10/08/2015	Date of Injury:	07/19/2013
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California

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 59 year old individual who sustained an industrial injury on 7-19-2013. A review of medical records indicates the injured worker is being treated for left shoulder sprain strain, left subscapular bursitis, impingement of the left shoulder intra-articular joint, medial and lateral epicondylitis on the right elbow, cervical sprain strain, and parathoracic muscle strain. Medical records dated 9-4-2015 noted left upper back and left subscapular pain causing difficulty with activities of daily living. She continues to have right elbow pain. She has had right elbow injections with significant relief x 4 months. She rates her low back pain a 5-6- out of 10 that is worse with activities of daily living. Pain is relieved with rest and medications. Pain was the same at a previous visit. Physical examination noted forward flexion is at 40 degrees, extension to 25 degrees. There was severe myospasms with myofascial trigger points and referred pain with twitch response. There was pain along the left shoulder. Range of motion was restricted. There was pain with palpation along the medial and lateral epicondyles. Treatment has included 10 sessions of physical therapy, modified work duty, injections, Naproxen and tinzidine since at least 6-5-2015. Norco was prescribed since 9-4-2015. MRI of the cervical spine dated 12-17- 2014 revealed minor degenerative changes of the cervical spine. Utilization review form dated 9- 25-2015 noncertified acupuncture and Norco 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. The claimant has completed an unknown amount of acupuncture in the past. Although, it may be beneficial, an additional 10 sessions of acupuncture exceed the guidelines amount and is not medically necessary.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tramadol and Tramadol in the past without relief. Long-term use of short acting opioids is not recommended. No one opioid is superior to another. The continued use of Norco is not medically necessary.