

Case Number:	CM15-0201545		
Date Assigned:	10/16/2015	Date of Injury:	09/01/1997
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/13/2015

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, 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:

This is a 60 year old male who sustained a work-related injury on 9-1-97. Medical record documentation on 9-3-15 revealed the injured worker was being treated for post lumbar laminectomy syndrome, lumbar radiculopathy and long-term use of other medications. He reported low back pain with radiation of pain from the low back to the left leg. He rated the pain with medications a 2 on a 10-point scale and without medications a 4 on a 10-point scale. He reported no new problems and his quality of sleep was fair. His activity level was decreased. He was status post left sacroiliac joint injection on 8-11-15 and reported that the injection decreased his axial left side back pain by greater than 60%. He completed six of six sessions of acupuncture therapy and noted that acupuncture therapy reduced his back and leg pain by 50%. After the injection and acupuncture therapy he was able to stand for 30 minutes vs. 10 minutes. With the decrease in pain he had more energy. His medication regimen included Nortriptyline Hcl 10 mg, Lunesta 2 mg, Lyrica 100 mg, Wellbutrin SR 150 mg, Celebrex 200 mg, Pennsaid 2% Solution, Norco 10-325 mg (since at least 1-30-14), Tricor 145 mg, Vitamin D3 and Aspirin EC 81 mg. Objective findings included loss of normal lumbar lordosis. His lumbar spine range of motion was flexion to 50 degrees, extension to 10 degrees, right lateral bending to 15 degrees and left lateral bending to 10 degrees. He had hypertonicity and tenderness to palpation of the bilateral lumbar paraspinal muscles. Straight leg raise was positive on the left at 80 degrees. He had tenderness to palpation over the sacroiliac spine. Previous treatment included lumbar laminectomy and spinal cord stimulator. A request for Norco 10-325 mg #60 and acupuncture times twelve for the lumbar spine were received on 9-8-15. On 9-22-15, the Utilization Review physician determined Norco 10-325 mg #60 and acupuncture times twelve for the lumbar spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Hydrocodone, Opioids, criteria for use, Opioids for chronic pain.

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

Decision rationale: CA MTUS Guidelines do not recommend opioids for chronic pain except in cases where there is documented significant pain relief, functional improvement and return to work. In this case, the patient has received no substantial clinical benefit or functional improvement from Norco and remains off work. While pain relief is addressed in the records, there is no evidence of improved ADLs, discussion of possible adverse effects or aberrant behavior, which are required for long-term use. Several past requests for Norco have been denied or modified. The patient has had ample time to be safely weaned off his medication. Therefore, the request for Norco is not medically necessary or appropriate.

Acupuncture X 12 for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: MTUS Acupuncture Treatment Guidelines recommend 4-6 sessions as an appropriate course of treatment. This patient has undergone 6 sessions and the request is for an additional 6 sessions. The patient claims 50% benefit with acupuncture, however pre-treatment pain levels are recorded as 5/10 and post-treatment at 4/10. This does not represent a clinically significant improvement in pain relief to justify additional treatment. There is also no documentation of reduction in medication as a result of acupuncture. Therefore, this request is not medically necessary or appropriate.