

Case Number:	CM15-0205469		
Date Assigned:	10/22/2015	Date of Injury:	04/22/2004
Decision Date:	12/14/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 69 year old male, who sustained an industrial injury on 4-22-2004. Diagnoses include lumbar neuroforaminal narrowing, lumbar spinal stenosis, and lumbar spondylosis. On 9-10-15, he complained of ongoing low back pain with radiation to bilateral lower extremities associated with numbness and tingling. He ambulated with a cane. Prior and current medications were not documented; however, the record did document "temporary relief with pain medication." The records did not include documentation regarding prior urine drug tests, CURES report, or an opioid agreement. The physical examination documented lumbar tenderness with muscle spasms noted and a positive straight leg raise. The plan of care included Motrin, Tramadol, Gabapentin and acupuncture once weekly for eight weeks. The appeal requested authorization for eight (8) acupuncture therapy sessions and Motrin 800mg #90. The Utilization Review dated 10-10-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90: 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): Nonprescription medications.

Decision rationale: As per the CA MTUS Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAID) are recommended as a second-line treatment after Acetaminophen. In general, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The documentation provided indicates the patient has been utilizing Motrin since at least April 2013. The medical records do not reveal significant subjective pain improvement or objective measures of functional improvement as a result of long term use of Motrin. Thus, the request for Motrin 800 mg #90 is not medically necessary and appropriate.

8 Sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Guidelines note that acupuncture is used as an option to reduce pain, increase range of motion and when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention. Guidelines recommend an initial trial of 3-4 sessions over 2 weeks and continued if there is functional improvement. In this case, there is no documentation of improvement functionally. The request for 8 acupuncture sessions is not medically appropriate and necessary.