

Case Number:	CM15-0023979		
Date Assigned:	02/13/2015	Date of Injury:	02/16/2013
Decision Date:	04/02/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/09/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32 year old female, who sustained an industrial injury on 2/16/2013. The diagnoses have included cervical, thoracic and lumbar spine strain/sprain. Treatment to date has included physical therapy and medication management. According to the progress report dated 1/8/2015, the injured worker reported increasing pain levels over the last month. She had attempted to reduce the usage of her medications; however this led to an increase of pain and a decrease in function. The injured worker complained of pain in the cervical and upper thoracic region. She also complained of pain over the mid to lower thoracic and lumbar region. She had pain affecting both shoulders. She complained of intermittent numbness and tingling affecting both the upper and lower extremities. The injured worker noted up to 40% improvement in pain levels and 40% to 50% improvement in functional levels with the use of Norco. Exam of the cervical spine revealed bilateral cervical paraspinous tenderness with muscle spasms in the cervical paraspinous musculature. Exam of the thoracic spine revealed bilateral thoracic paraspinous tenderness with muscle spasm. Exam of the lumbar spine revealed mild to moderate bilateral lumbar paraspinous tenderness with muscle spasm. It was noted that pain management compliance testing from 12/8/2014 was consistent with the prescribed medications. Authorization was requested for acupuncture and Norco. On 1/19/2015, Utilization Review (UR) non-certified a request for Acupuncture two times a week for three weeks, Norco 5-325mg #60 and Urine Drug Screen two times a year. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x wk x 3 wks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient presents with neck and arm pain. The treater is requesting ACUPUNCTURE 2 TIMES PER WEEK FOR 3 WEEKS. The RFA dated 10/23/2014 shows a request for acupuncture 1 times per week for 3 weeks. The patient's date of injury is from 02/16/2013, and she is currently permanent and stationary. The Acupuncture Medical Treatment Guidelines for acupuncture states that it 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. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The records do not show any acupuncture therapy reports. The patient does not have a history of acupuncture therapy. In this case, given the patient's chronic pain symptoms, a trial of acupuncture is appropriate, and the requested 6 sessions are within guidelines. The request IS medically necessary.

Norco 5/325mg # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: This patient presents with neck and arm pain. The treater is requesting NORCO 5/325 MG QUANTITY #60. The RFA showing this request was not made available. The patient's date of injury is from 02/16/2013, and she is currently permanent and stationary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The records show the patient was prescribed Norco on 05/13/2014. The 01/08/2015 report shows that she has been consistent with her use of Norco on a daily basis to reduce pain and improve function. She rates her pain without medication 9/10 and with medication, 5/10 to 6/10. The patient notes up to 40% improvement in pain levels and

40% to 50% improvement in functional levels with the use of Norco. The patient utilizes her medication as needed for moderate to severe pain. She notes improved ability to perform her activities of daily living, including her duties as a mother caring for her son. With medications, she is able to participate in meal preparation, grocery shopping, and performing light household chores. The patient also notes improved ability for her to tolerate activity including walking and standing. Without Norco, the patient states that she will be highly inactive and not able to care for her family. The patient does not experience any side effects with this medication, and she continues to stay within the prescription guidelines and demonstrates no drug-seeking behaviors. The patient has signed a medication agreement and continued to adhere to the guidelines. In this case, the treater has met the criteria set forth by the MTUS Guidelines for continued use of this opioid. The request IS medically necessary.

UDS 2 times a year: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Urine Drug Testing.

Decision rationale: This patient presents with neck and arm pain. The treater is requesting UDS 2 TIMES A YEAR. The RFA making this request was not made available for review. The patient's date of injury is from 02/16/2013, and she is currently permanent and stationary. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The records do not show any previous urine drug screens. The treater is requesting a random urine drug screening for the purpose of monitoring, documenting, and ensuring patient's compliance. In this case, for low-risk opiate users, the ODG Guidelines recommend 1-yearly urine drug screen and a follow-up for a total of 2 per year. The request IS medically necessary.