

Case Number:	CM15-0029191		
Date Assigned:	02/23/2015	Date of Injury:	07/18/2001
Decision Date:	04/03/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/17/2015

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: 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 43 year old female, who sustained an industrial injury on 7/18/2001. The diagnoses have included lumbago. Treatment to date has included surgical intervention and medication. Surgical history included lumbar fusion. According to the Primary Treating Physician's Progress Report dated 1/20/2015, the injured worker presented with nociceptive, neuropathic and muscle spasm pain. It was noted that a urine drug screen from 12/22/2014 was within normal limits. The progress report documented that the injured worker was on the lowest effective dosing with about 90% improvement in pain. Authorization was requested for acupuncture and medication. On 2/2/2015, Utilization Review (UR) modified a request for ten sessions of acupuncture to five sessions of acupuncture. UR modified a request for Percocet 5/325mg #120 to Percocet 5/325mg #90. UR modified a request for Gabapentin 300mg #270 to Gabapentin 300mg #180. 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:

10 sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested 10 sessions of acupuncture, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has nociceptive, neuropathic and muscle spasm pain. The treating physician has not documented the medical necessity of additional acupuncture sessions beyond the recommended trial of 3-6 sessions and then re-evaluation for derived functional improvement. The criteria noted above not having been met, 10 sessions of acupuncture is not medically necessary.

1 prescription of Percocet 5/325, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen; Opioids, criteria for use; Opioids, long-term assessment, Criteria for Use of Opioids, Long-term Users of Opioids (6-months or more); Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Percocet 5/325, #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has nociceptive, neuropathic and muscle spasm pain. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Percocet 5/325, #120 is not medically necessary.

1 prescription of Gabapentin 300mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs, Pages 16-18 Page(s): 16-18.

Decision rationale: The requested Gabapentin 300mg #270, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and 30% relief considered a good response. The injured worker has nociceptive, neuropathic and muscle spasm pain. The treating physician has not documented criteria of percentage of derived relief. The criteria noted above not having been met, Gabapentin 300mg #270 is not medically necessary.

