

Case Number:	CM15-0222449		
Date Assigned:	11/19/2015	Date of Injury:	01/03/2009
Decision Date:	12/30/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/13/2015

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: 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:

The injured worker is a 57 year old female, who sustained an industrial-work injury on 1-3-09. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar post laminectomy syndrome, trochanteric bursitis and moderate depression. Treatment to date has included pain medication, Norco, Motrin, Cymbalta, Flexeril, Neurontin, Butrans patch since at least 9-29-15, acupuncture with good result (unknown amount), activity restrictions, heat, ice, stretching, rest and other modalities. The physician indicates that the Magnetic Resonance Imaging (MRI) of the lumbar spine dated 5-2-12 reveals postoperative L5-S1 level with left neural foraminal stenosis created by osteophytic ridging and residue-recurrent disc bulging. This would likely affect only the left L5 nerve root. Medical records dated 9-29-15 indicate that the injured worker complains of chronic right back pain with lumbar post-surgery. The pain is rated 7-8 out of 10 on the pain scale without medications and 4-6 out of 10 with medications. She reports that she is not taking Norco anymore and had good results taking it. She reports that with pain medications she is able to manage her activities of daily living (ADL). Per the treating physician report dated 9-29-15 the work status is permanent and stationary but the physician indicates that she is unable to return to any work at the present time. The physical exam reveals lumbar tenderness in the lower spine, severe pain in the right lumbosacral area that radiates to the right hip. There is positive Laseague's test, mild positive bilateral straight leg raise, flexion and extension is 40 percent restricted, and lateral bending is 50 percent restricted. The light touch sensation is diminished on the left lower extremity (LLE) and foot and there is

hypoesthesia from left low back to ankle. The physician recommends that the injured worker continues with activity restrictions, heat, ice, stretching, rest, medications, and re- request acupuncture and follow up. The medical records do not document failure of oral pain medications. The requested services included Butrans patches 10mcg apply to skin #4 and Six (6) acupuncture sessions. The original Utilization review dated 10-12-15 partially certified the request for Butrans patch 10mcg apply to skin #4 certified to for Butrans patch 10mcg apply to skin #2 for weaning. The request for Six (6) acupuncture sessions was non certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mcg apply to skin #4: Overturned

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

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

Decision rationale: When to Continue Opioids(a) If the patient has returned to work, (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant decrease in objective pain measures such as VAS scores for significant periods of time with pain decreased from a 8/10 to a 4/10. There are objective measures of improvement of function or how the medication improves activities. Therefore, all criteria for the ongoing use of opioids have been met and the request is medically necessary.

Six (6) acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 1) "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments. 2. Frequency: 1-3 times per week. 3. Optimum

duration is 1-2 months. 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 6 sessions. Previous sessions have not produced documented objective improvements in pain and function. Therefore, continued sessions are not medically necessary.