

Case Number:	CM15-0223090		
Date Assigned:	11/19/2015	Date of Injury:	10/30/2014
Decision Date:	12/31/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/12/2015

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 Jersey
 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 33 year old male who sustained an industrial injury on October 30, 2014. Medical records indicated that the injured worker was treated for cervical pain radiating into bilateral shoulders and mid and lower back pain. Medical diagnoses include multilevel lumbar disc bulges with facet arthropathy, lumbar radiculopathy, myospasms with myofascial trigger points and referred pain. In the provider notes dated September 24, 2015 the injured worker complained of low back pain radiating into bilateral and lower extremities. He rates his pain 6 to 8 on the pain scale. He describes his back pain as intermittent shooting, aching and numb. He complains of continuous shooting and aching cervical and bilateral shoulder pain. He rates his pain 6 on the pain scale. His pain is worse with walking, bending, sitting and standing for prolonged periods of time. His pain improves with lying down. "The pain limits his daily activity 50% of the time." "The pain affects sleep and relates difficulty staying asleep." On exam, the documentation stated there was pain with lumbar range of motion. "Myospasms with myofascial trigger points and referred pain with twitch response along bilateral lumbosacral paraspinal, right greater than left. Pain with facet loading on the right. Pain with palpation along lumbosacral facets on the right. Diminished sensation along bilateral L5 and S1 distributions." "Weakness with leg flexion on the right lower extremity." Bilateral straight leg raises are positive with low back pain and radicular pain. The treatment plan includes continuing medications and bilateral lumbar epidural steroid injection. A Request for Authorization was submitted for acupuncture for the lumbar spine x 10 sessions, Tylenol no. 3 #60. The Utilization Review dated October 15, 2015, 2015 denied the request for acupuncture for the lumbar spine x 10 sessions, Tylenol no. 3 #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No 3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Codeine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Codeine (Tylenol with Codeine), Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Upon review of the documents provided for this case, there was no found record of this full review regarding the use of Tylenol #3, which was prescribed and taken by the provider for months leading up to this request. In particular, there was no report of how effective this medication was at improving function and lowering pain levels. Without this required update, this request for Tylenol #3 will be considered medically unnecessary at this time.

Acupuncture for the lumbar spine 10 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. Upon review of this case, the worker had completed multiple sessions of acupuncture (at least 16 or more over at least 2 months or more). However, there was no report of ongoing active physical therapy/home exercises to accompany these, nor was there any planned to go along with these future sessions. Also, there was no found report on how effective these previously completed sessions were at improving function. Therefore, it appears that continuation of acupuncture is not appropriate or medically unnecessary at this time.