

Case Number:	CM15-0031922		
Date Assigned:	02/25/2015	Date of Injury:	09/19/2007
Decision Date:	04/20/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/20/2015

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: California
 Certification(s)/Specialty: Internal 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 29 year old female, who sustained an industrial injury on 9/19/2007. She has reported a fall with injury to the left ankle. She is status post surgical repair of torn ligaments and removal of bone chips. Magnetic Resonance Imaging (MRI) of the lumbar spine 1/20/15 documented no abnormal findings. The diagnoses have included acute capsulitis, peroneal tendinitis, and lateral left ankle sprain. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, psychotherapy, ankle brace, and acupuncture, physical therapy and epidural injections. Currently, the IW complains of constant left ankle pain improved with acupuncture treatments. The physical examination from 2/4 /15 documented moderate edema to left ankle with tenderness to touch and with Range of Motion (ROM). On 2/16/2015 Utilization Review non-certified twelve (12) acupuncture sessions two times a week for six weeks for the left ankle, OxyContin 20mg one tablet every twelve (12) hours #60, twelve (12) physical therapy sessions two times a week for six weeks for the lower back, and Percocet 10/325mg one tablet every twelve (12) hours #80. The MTUS Guidelines were cited. On 2/20/2015, the injured worker submitted an application for IMR for review of twelve (12) acupuncture sessions two times a week for six weeks for the left ankle, OxyContin 20mg one tablet every twelve (12) hours #60, twelve (12) physical therapy sessions two times a week for six weeks for the lower back, and Percocet 10/325mg one tablet every twelve (12) hours #80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the left ankle, 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Acupuncture. Work Loss Data Institute - Ankle & foot (2013)
<http://www.guideline.gov/content.aspx?id=47571> ACOEM 3rd Edition (2011) Ankle and foot disorders <http://www.guideline.gov/content.aspx?id=36625>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines indicates that the time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Per MTUS, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints indicates that invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value. Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) indicates that regarding acupuncture, there are no quality studies for the ankle. Work Loss Data Institute guidelines for the ankle & foot (2013), indicates that acupuncture is not recommended. ACOEM 3rd Edition (2011) does not recommend acupuncture for ankle and foot disorders. The primary treating physician's progress report dated 2/9/15 documented a request for 12 additional acupuncture treatments for the left ankle. MTUS Acupuncture Medical Treatment Guidelines indicates that the time to produce functional improvement is 3 to 6 treatments. Therefore, the request for 12 additional acupuncture treatments would exceed MTUS guideline recommendations, and is not supported. ACOEM, ODG, and Work Loss Data Institute guideline do not support acupuncture for ankle and foot disorders. Therefore, the request for acupuncture treatments for the ankle is not medically necessary.

Oxycontin 20 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 308-310, 376-377, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Recommend that dosing not exceed 120 mg oral morphine

equivalents per day. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back and ankle conditions. Medical records document a history of low back and ankle complaints. The date of injury was 9/19/2007. The primary treating physician's progress reports dated 2/4/15 and 1/29/15 did not document analgesia. The progress reports dated 2/4/15 and 1/29/15 did not document benefit from opioid medications. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back and ankle conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. The request for Oxycodone 20 mg #60 is not supported by MTUS & ACOEM guidelines. Therefore, the request for Oxycodone 20 mg #60 is not medically necessary.

Physical Therapy for the low back, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface = Physical Therapy Guidelines. ODG - Low Back - Physical therapy (PT).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) recommends 9 visits of physical therapy (PT) for lumbago and backache. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The primary treating physician's progress reports dated 2/4/15 and 1/29/15 did not document functional improvement with past PT physical therapy for low back complaints. The date of injury was 9/19/07. The request was for 12 additional visits of physical therapy for the low back. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. No functional improvement with past

physical therapy was documented in the 2/4/15 and 1/29/15 progress reports. Therefore, the request 12 additional visits of physical therapy would exceed MTUS guidelines, and is not supported by MTUS guidelines. Therefore, the request for physical therapy for the low back two times a week for six weeks (12) is not medically necessary.

Percocet 10 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 308-310, 376-377, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Recommend that dosing not exceed 120 mg oral morphine equivalents per day. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back and ankle conditions. Medical records document a history of low back and ankle complaints. The date of injury was 9/19/2007. The primary treating physician's progress reports dated 2/4/15 and 1/29/15 did not document analgesia. The progress reports dated 2/4/15 and 1/29/15 did not document benefit from opioid medications. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back and ankle conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. The request for Percocet 10/325 mg #60 is not supported by MTUS & ACOEM guidelines. Therefore, the request for Percocet 10/325 mg #60 is not medically necessary.