

Case Number:	CM15-0032069		
Date Assigned:	02/25/2015	Date of Injury:	06/12/2014
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
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, Hawaii
 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 51 year old male who sustained an industrial injury on 6/12/14 while lifting heavy items from a conveyer belt injuring his left elbow and then sustained injury to his low back, buttocks and knees when a forklift hit him. He currently complains of right shoulder pain that radiates to bilateral upper extremities, left elbow pain, low back pain that radiates to his coccyx down to his left hip and ankle and left knee pain. He has reduced range of motion. Medications include Flexaril, Tramadol, Norco and Motrin. Diagnoses include left elbow lateral epicondylitis; right shoulder strain/ bursitis due to overcompensation; lumbar spine degenerative disc disease/stenosis; lumbar disc protrusion; lumbar spine radiculopathy and left knee contusion. Treatments include physical therapy for the right shoulder and are helpful with range of motion; acupuncture which decreased pain; home exercise program, medications. Diagnostics include lumbar MRI (9/10/14) showing degenerative disc disease and stenosis, disc protrusion. In the progress note dated 1/15/15 the treating provider requested continued acupuncture in order to have continued functional improvement and decrease in pain; Flexaril, Tramadol and Norco to assist with functional improvement. On 2/10/15 Utilization Review non-certified the requests for acupuncture 1 time per week for 6 weeks; Flexaril 10 mg # 30; Tramadol-APAP 50 mg # 30 and Norco 5 mg # 60. Citing MTUS: Acupuncture Medical Treatment Guidelines; MTUS: Chronic Pain Medical Treatment Guidelines: Muscle Relaxants; MTUS: Chronic Pain Medical Treatment Guidelines non-steroidal anti-inflammatories; MTUS: Chronic Pain Medical treatment Guidelines: Opioids respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x week for 6 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with pain affecting the right shoulder, left elbow, left knee and lower back. The current request is for Acupuncture 1x week for 6 weeks. The treating physician states, "He has completed 6 out of 6 sessions of acupuncture for the lumbar spine. He found treatment to be helpful in reducing his pain. At this point, I believe the patient will note continued functional improvement with an additional course of acupuncture for the lumbar spine. I request 6 additional sessions of acupuncture for the lumbar spine that is to be attended once a week for six weeks" (9C) The AMT guidelines state, "Time to produce functional improvement: 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented." In this case, the treating physician has documented that the patient has had a reduction in pain and that the patient has had functional improvement with acupuncture treatments (10C). The current request is medically necessary and the recommendation is for authorization.

Flexeril 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The patient presents with pain affecting the right shoulder, left elbow, left knee and lower back. The current request is for Flexeril 10mg #30. The treating physician documents that the patient has pain with range of motion in lower back which radiates to the lower extremities and states, "The patient was prescribed Flexeril 10mg #30." (9C) The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief." In this case, the treating physician has prescribed this medication in a quantity, if taken in a usual fashion (TID), would last 10 days. It has been prescribed to patient since at least November 2014. The current request is medically necessary and the recommendation is for authorization.

Tramadol-APAP 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-91.

Decision rationale: The patient presents with pain affecting the right shoulder, left elbow, left knee and lower back. The current request is for Tramadol- APAP 50mg #30. The treating physician states that the patient has not had any side effects or aberrant behaviors with this medication but did not document if the patient has had any decrease in pain or able to perform ADLs. The patient continues to be on the same modified work duty which includes entering data and filing for a maximum of 4 hours a day. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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 medication to work and duration of pain relief. In this case, the treating physician has not documented a before and after pain scale or if the patient has been able to perform ADLs with this medication. The current request has met not medically necessity as established by the guidelines and recommendation is for denial.

Norco 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80, 83, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-91.

Decision rationale: The patient presents with pain affecting the right shoulder, left elbow, left knee and lower back. The current request is for Norco 5mg #60. The treating physician states that the patient has not had any side effects or aberrant behaviors with this medication but did not document if the patient has had any decrease in pain or able to perform ADLs. The patient continues to be on the same modified work duty which includes entering data and filing for a maximum of 4 hours a day. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant 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 medication to work and duration of pain relief. In this case, the treating physician has not documented a before and after pain scale or if the patient has been able to perform ADLs with this medication. The current request has met not medically necessity as established by the guidelines and recommendation is for denial.