MAXIMUS Federal Services

Case Number:	CM15-0044807		
Date Assigned:	03/16/2015	Date of Injury:	02/16/2007
Decision Date:	04/20/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 67-year-old female, with a reported date of injury of 02/16/2007. The diagnoses include neck pain, bilateral shoulder pain, bilateral upper extremity pain, left brachial plexopathy, chronic pain syndrome, and complex region pain syndrome. Treatments to date have included oral medications, physical therapy, acupuncture, and chiropractic care. The medical report dated 02/11/2015 indicates that the injured worker's pain had increased significantly. She stated that she had reduced range of motion. The injured worker's pain had increased due to the lack of physical therapy, acupuncture, and chiropractic care. The medical report did not include objective findings. The treating physician requested Vicodin 5/325mg #30 for pain; twenty sessions of acupuncture doe reflex sympathetic dystrophy; three transportations for pain management visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Neck and Upper Back, Opioids.

Decision rationale: Vicodin is the brand name version of hydrocodone and acetaminophen, which is considered a short-acting opioid. ODG does not recommend the use of opioids for shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." While the treating physician does indicate a range of pain scale for the patient, it does not meet several of the prescribing guidelines, such as documenting intensity of pain after taking opioid, pain relief, increased level of function, improved quality of life, or other objective and functional outcomes, which is necessary for continued ongoing use of opioids. As such, the request for Vicodin 5/325mg #30 in not medically necessary.

Acupuncture 20 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Acupuncture.

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "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." The medical records do not indicate that pain medication is reduced or not tolerated. There is also no indication that this would be used in conjunction with physical rehabilitation and/or surgical intervention. ODG states regarding shoulder acupuncture, "Recommended as an option for rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following surgery." and additionally specifies the initial trial should be "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks. (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" The medical records provided indicate this patient has attended over 30 acupuncture sessions. There is no evidence provided that indicates the patient has experienced functional improvements as a result of acupuncture. As such, the request for Acupuncture 20 sessions is not medically necessary.

Transportation for Pain Management visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Transportation to and from medical appointment.

Decision rationale: MTUS does not address transportation, so alternate guidelines were utilized. ODG states regarding transportation: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)" The treating physician has not provided evidence of significant functional deficits on physical exam that would prevent the patient from utilizing public transportation. In addition, the treating physician did not provide evidence that the patient does not have family members to assist or an adapted vehicle for self-transport. The treating physician does not provide enough information to satisfy guidelines. As such, the request for Transportation for Pain Management visits is not medically necessary at this time.