

Case Number:	CM15-0049749		
Date Assigned:	03/23/2015	Date of Injury:	06/22/2011
Decision Date:	11/10/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 51-year-old who has filed a claim for chronic neck, elbow, shoulder, and knee pain reportedly associated with an industrial injury of June 22, 2011. In a Utilization Review report dated February 19, 2015, the claims administrator failed to approve requests for OxyContin and 8 sessions of acupuncture. The claims administrator referenced a February 11, 2015 RFA form and an associated January 29, 2015 office visit in its determination. The claims administrator contended that the request for acupuncture in fact represented a renewal or extension request for acupuncture. The applicant's attorney subsequently appealed. On December 31, 2014, the applicant reported ongoing complaints of neck pain status post earlier failed cervical fusion surgery. The applicant was on MS Contin for pain relief. The applicant was placed off work, on total temporary disability. Ancillary complaints of shoulder and elbow pain were also reported. A medical-legal evaluator noted on October 9, 2014 that the applicant had not worked since the date of injury, June 22, 2011. On January 12, 2015, the applicant's spine surgeon noted that the applicant was now 10 weeks removed from the date of earlier C6-C7 cervical fusion surgery. The applicant reported dull pain complaints. 5-pound lifting limitation was imposed. On December 3, 2015, it was acknowledged that the applicant was using MS Contin, Norco, Relafen, Colace, Zanaflex, and Reglan. On September 23, 2014, the applicant was given refills of MS Contin, Colace, and Norco. On May 8, 2015, the attending provider appealed denials of morphine, Colace, Zanaflex, and acupuncture. On January 29, 2015, the applicant reported ongoing complaints of neck pain averaging 6/10. The applicant was on MS Contin and Colace, it was stated toward the top of the

note. The attending provider stated that he was furnishing the applicant with OxyContin but did not furnish a rationale as to why OxyContin was being invoked in favor of previously prescribed morphine. Eight sessions of acupuncture were sought. Work restrictions were endorsed, although the applicant was not seemingly working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: No, the request for 8 sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, since no such demonstration of functional improvement as defined in section 9792.20e present following receipt of earlier unspecified amounts of acupuncture over the course of the claim. Permanent work restrictions were renewed on January 29, 2015, unchanged from previous visits. The applicant remained dependent on opioid agents to include OxyContin and MS Contin. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim. Therefore, the request for additional acupuncture was not medically necessary.

Oxycontin 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Similarly, the request for OxyContin, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should be "knowledgeable" regarding prescribing information. Here, however, portions of the attending provider's January 29, 2015 office stated that the applicant was using OxyContin, while other sections of the same note suggested that the applicant was using MS Contin, another long-acting opioid. A historical progress note of December 31, 2014 made no mention of the applicant's using OxyContin on that date. Rather, it appeared that the applicant was in fact using MS Contin. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates the lowest possible dose of opioids should be employed to improve pain and function. Concurrent usage of OxyContin and MS Contin, thus, was seemingly at odds with page 78 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

