

Case Number:	CM15-0050435		
Date Assigned:	03/23/2015	Date of Injury:	06/02/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/17/2015

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: 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 52-year-old female, who sustained an industrial injury on June 2, 2013. The injured worker was diagnosed as having cervical and lumbar herniated nucleus pulposus (HNP), right shoulder sprain/strain, thoracic sprain/strain, anxiety, insomnia and right carpal tunnel release. Treatment and diagnostic studies to date have included medication, magnetic resonance imaging (MRI) and X-ray. A progress note dated January 22, 2015 provides the injured worker complains of neck, shoulder and back pain radiating down both legs. She reports she is recovering well from recent right carpal tunnel release. Physical exam notes cervical and shoulder tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: MTUS Guidelines state that pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. Guidelines also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse 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. Guidelines state that hydrocodone has a recommended maximum dose of 60mg/24hrs. Per 01/22/15 report, the treating provider states, "I renewed her Norco 10/325 #30 for pain and we did a urine toxicology test today according to MTUS guidelines...we will see her for follow-up in 6 weeks." In provided medical records, the patient has been prescribed Norco since at least 07/31/14. The use of opiates requires detailed documentation regarding pain and function as required by MTUS. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, CURES etc. MTUS Guidelines requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request for Norco is not medically necessary.

Acupuncture Therapy (two (2) times a week over six (6) weeks for the back and right shoulder): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment Guidelines states that the time to produce functional improvement is 3 to 6 treatments, 1 to 3 times per week. That optimum duration is 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. Per 01/22/15 the treating provider's report states, "patient has requested to use acupuncture to see if that would help her back and right shoulder. She does not want additional surgery or injections at this time. There is no documentation of prior acupuncture sessions and the UR letter dated 02/27/15 states the patient has not. The patient does suffer from chronic shoulder and back pain. However, MTUS recommends only 3 to 6 sessions of initial trial. Additional therapy will require a documentation of improvement in function and reduction in pain. Therefore, the request is not medically necessary.