

Case Number:	CM15-0055374		
Date Assigned:	05/15/2015	Date of Injury:	08/17/2002
Decision Date:	06/15/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on August 17, 2002. She reported the sudden onset of right shoulder and lower back pain. The injured worker was diagnosed as having disorders of bursae and tendons in shoulder region, unspecified internal derangement of knee, and cervicgia. Diagnostic studies to date have included MRI, electrodiagnostic studies, and urine drug screening. Treatment to date has included work modifications, chiropractic therapy, physical therapy, aquatic therapy, and medications including opioid, topical pain, and non-steroidal anti-inflammatory. On February 19, 2015, the injured worker complains of neck, right shoulder, right elbow, and right wrist pain with radiation into the right arm. In addition, she complains of left knee pain radiating into the left leg. Associated symptoms include numbness, tingling, and weakness in both arms and both legs. Her pain is intermittent and is rated 8/10. The pain is described as sharp, throbbing, dull, aching, shooting, and burning with pins and needles sensation. Her pain has increased since she started working. She is working full time. The physical exam revealed restricted cervical range of motion and bilateral cervical paraspinal muscles tenderness, greater on the right than the left. There was restricted range of motion of the right shoulder, and full range of motion of the right elbow and left knee, mild left knee crepitus and bursal edema. The treatment plan includes Norco and 9 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, thirty count: 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 rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, the worker is prescribed Norco prn. It is not clear from the documentation that she is even taking the medication. There is documentation of pain level but there is no documentation of pain or function specifically in response to Norco. Side effects and absence or presence of aberrant behavior in regards to drug use has not been addressed. Therefore the request is not medically necessary.

Nine sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS guidelines for acupuncture stipulate a frequency of 1 to 3 times per week with an optimum duration of 1 to 2 months. The time to produce functional improvement is 3 to 6 treatments. Treatments may be extended if functional improvement is documented. Nine sessions of acupuncture is beyond the number of sessions that can be considered medically necessary at this point without first evaluating the response to an initial 3-6 sessions. Therefore the request is not medically necessary.

One left knee brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 304.

Decision rationale: According to the Occupational Medicine Practice Guidelines, "Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. There is no indication for a brace in this worker with internal derangement. There was no mention of instability or other rationale for a brace. She works as a massage therapist and there is no indication that she will be stressing the knee under load. The request is not medically necessary.