

Case Number:	CM15-0081326		
Date Assigned:	05/28/2015	Date of Injury:	10/26/2006
Decision Date:	07/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/28/2015

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 50-year-old male with an industrial injury dated 10/26/2006. The mechanism of injury is documented as a fall resulting in injury to cervical spine, right shoulder, right/left wrist/hands, lumbosacral spine and right knee. Diagnoses included bilateral carpal tunnel syndrome, bilateral DeQuervains syndrome, right shoulder impingement, cervical sprain/strain and lumbosacral sprain/strain. Prior treatments included physical therapy, and medications. Co morbid diagnoses include diabetes. He presented on 03/03/2015 with complaints of neck, right shoulder, right knee, hip, leg and lower back pain. Physical exam revealed cervical and lumbar spine was tender with muscle spasms. Right shoulder was tender with positive impingement. Current medications included Norco, Ativan, Colace, Ambien and Soma. He was to remain off work until 05/01/2015. Treatment request includes Ativan # 60, Norco 10/325 # 60, Soma # 60, 1 consultation of injections and 8 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines page(s): 13.

Decision rationale: The patient presents with pain in the neck, right shoulder, right knee, bilateral hips, bilateral legs and the lower back. The request is for 8 SESSIONS OF ACUPUNCTURE. Physical examination to the cervical spine on 03/03/15 revealed tenderness to palpation with muscle spasms at levels C2-C7. Examination to the lumbar spine revealed tenderness to palpation with muscle spasms at levels L1-L5. Straight leg raising test was positive. Right shoulder was superiorly tender with positive impingement. Per 02/10/15 progress report, patient's diagnosis include bilateral carpal tunnel syndrome, bilateral De Quervain's syndrome, right shoulder impingement, right leg contusion, right knee sprain/strain, right ankle sprain/strain, cervical sprain/strain, lumbosacral sprain/strain, and umbilical hernia. Patient's medications, per 03/24/15 progress report include Norco, Ativan, Colace, Ambien, and Soma. Per 03/24/15 progress report, patient is to remain off work until 06/01/15. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) time to produce functional improvement: 3 to 6 treatments (ii) frequency: 1 to 3 times per week (iii) optimum duration: 1 to 2 months (D) acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Functional Improvement is defined in labor code 9792.20(e) as follows: "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. In progress reports dated 10/02/14 to 03/24/15, under Treatment Plan, it is stated, "Acupuncture twice a week for the following four weeks." It appears that the patient has already completed about 24 sessions of acupuncture. However, there is no documentation of functional improvement as defined by the labor code 9792.20(e). After the initial trial of acupuncture, and for additional treatments, functional improvement must be documented. The request is not in line with the guideline recommendations and therefore, it IS NOT medically necessary.

(1) Prescription of Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in the neck, right shoulder, right knee, bilateral hips, bilateral legs and the lower back. The request is for (1) PRESCRIPTION OF NORCO 10/325 MG #60. Physical examination to the cervical spine on 03/03/15 revealed tenderness to palpation with muscle spasms at levels C2-C7. Examination to the lumbar spine revealed tenderness to palpation with muscle spasms at levels L1-L5. Straight leg raising test was positive. Right shoulder was superiorly tender with positive impingement. Per 02/10/15 progress report, patient's diagnosis include bilateral carpal tunnel syndrome, bilateral De

Quervain's syndrome, right shoulder impingement, right leg contusion, right knee sprain/strain, right ankle sprain/strain, cervical sprain/strain, lumbosacral sprain/strain, and umbilical hernia. Patient's medications, per 03/24/15 progress report include Norco, Ativan, Colace, Ambien, and Soma. Per 03/24/15 progress report, patient is to remain off work until 06/01/15. 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 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." Treater has not provided reason for the request. UR letter dated 04/08/15 has modified the request from #60 to #36. Patient was prescribed Norco from 10/02/14 and 03/24/15. In this case, the 4A's are not appropriately addressed, as required by MTUS. Treater has not stated how Norco decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. USD report results dated 11/04/14 were consistent with patient's medications. However, no CURES or opioid pain contract were provided. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

(1) Prescription of Ativan #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain (chronic) chapter, Benzodiazepine'.

Decision rationale: The patient presents with pain in the neck, right shoulder, right knee, bilateral hips, bilateral legs and the lower back. The request is for (1) PRESCRIPTION OF ATIVAN #60. Physical examination to the cervical spine on 03/03/15 revealed tenderness to palpation with muscle spasms at levels C2-C7. Examination to the lumbar spine revealed tenderness to palpation with muscle spasms at levels L1-L5. Straight leg raising test was positive. Right shoulder was superiorly tender with positive impingement. Per 02/10/15 progress report, patient's diagnosis include bilateral carpal tunnel syndrome, bilateral De Quervain's syndrome, right shoulder impingement, right leg contusion, right knee sprain/strain, right ankle sprain/strain, cervical sprain/strain, lumbosacral sprain/strain, and umbilical hernia. Patient's medications, per 03/24/15 progress report include Norco, Ativan, Colace, Ambien, and Soma. Per 03/24/15 progress report, patient is to remain off of work until 06/01/15. OGD guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Treater does not discuss this request. Patient has received prescriptions for Ativan from 03/03/15 and 03/24/15. MTUS guidelines do not

recommend use of Ativan for prolonged periods of time and states that most guidelines "limit use of this medication to 4 weeks." The request for additional Ativan #30 in addition to previous prescriptions does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

(1) Prescription of Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants page(s): 63-66.

Decision rationale: The patient presents with pain in the neck, right shoulder, right knee, bilateral hips, bilateral legs and the lower back. The request is for (1) PRESCRIPTION OF SOMA 350 MG #60. Physical examination to the cervical spine on 03/03/15 revealed tenderness to palpation with muscle spasms at levels C2-C7. Examination to the lumbar spine revealed tenderness to palpation with muscle spasms at levels L1-L5. Straight leg raising test was positive. Right shoulder was superiorly tender with positive impingement. Per 02/10/15 progress report, patient's diagnosis include bilateral carpal tunnel syndrome, bilateral De Quervain's syndrome, right shoulder impingement, right leg contusion, right knee sprain/strain, right ankle sprain/strain, cervical sprain/strain, lumbosacral sprain/strain, and umbilical hernia. Patient's medications, per 03/24/15 progress report include Norco, Ativan, Colace, Ambien, and Soma. Per 03/24/15 progress report, patient is to remain off work until 06/01/15. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." The treater has not provided a reason for the request. Patient has received prescriptions for Soma from 11/18/14 and 03/24/15. MTUS recommends Soma only for a short period. The request for a quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.