

Case Number:	CM15-0085747		
Date Assigned:	05/07/2015	Date of Injury:	05/11/2011
Decision Date:	06/09/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/04/2015

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: North Carolina, Georgia
 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 32 year old male, who sustained an industrial injury on 5/11/11. The injured worker has complaints of right shoulder pain which is described as sharp and burning and low back pain that is described as sore and tight. The documentation noted that the injured worker has complaints of difficulty falling asleep due to pain, waking during the night due to pain, decreased muscle mass and strength and tingling with pain. The examination documentation noted that palpation indicated moderate tenderness at the acromioclavicular joint, anterior labrum, supraspinatus and bicipital group on the right. The diagnoses have included status post right shoulder arthroscopic; thoracic sprain; sprain of right wrist and lateral epicondylitis. Treatment to date has included physiotherapy; acupuncture and transdermal analgesics and norco for pain. The request was for acupuncture 1 x per week x 6 weeks for the lumbar spine and right shoulder and norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x per week x 6 weeks for the lumbar spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Chapter 6: Pain, Suffering and the Restoration of Function, page 114.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS guidelines 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 frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments. 2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. Therapy may be extended to 24 sessions if objective improvements in pain and function are documented. Acupuncture treatments may be extended if functional improvement is documented. In this case there is no documentation of the number of prior acupuncture treatments or of any functional improvement from these sessions. 6 sessions of acupuncture are not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco. The request is not medically necessary.