

Case Number:	CM15-0088380		
Date Assigned:	05/12/2015	Date of Injury:	08/31/2010
Decision Date:	06/12/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/07/2015

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: Emergency 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 injured worker is a 59 year old male, who sustained an industrial injury on 8/31/2010. Diagnoses have included history of right facial fracture, posttraumatic stress disorder and depression secondary to chronic pain issues and sleep issues. Treatment to date has included acupuncture and medication. According to the progress report dated 4/14/2015, the injured worker complained of headache, bilateral forearm pain, bilateral leg pain, neck and upper back pain. His current pain level was rated 5/10. His average pain over the past month was 5/10, getting as high as 9/10 and going down to 3/10 with medications. He reported that Percocet took effect within 15 minutes and provided relief for four to five hours. He was able to sleep five to six hours with Norco and Trazadone. He reported that acupuncture treatment was very effective and reduced his midback pain from 8/10 to 3/10. The injured worker had undergone four sessions of acupuncture, with the last session in March 2015. No physical exam was documented. Objective findings were noted to be unchanged from the last visit, which showed tenderness over the cervical paraspinal musculature. The injured worker was not currently working. He was permanent and stationary. Authorization was requested for eight acupuncture sessions and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested 8 Acupuncture Sessions, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has headache, bilateral forearm pain, bilateral leg pain, neck and upper back pain. His current pain level was rated 5/10. His average pain over the past month was 5/10, getting as high as 9/10 and going down to 3/10 with medications. He reported that Percocet took effect within 15 minutes and provided relief for four to five hours. He was able to sleep five to six hours with Norco and Trazadone. He reported that acupuncture treatment was very effective and reduced his midback pain from 8/10 to 3/10. The injured worker had undergone four sessions of acupuncture, with the last session in March 2015. No physical exam was documented. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, 8 Acupuncture Sessions is not medically necessary.

Norco 10/325 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325 mg Qty 30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has headache, bilateral forearm pain, bilateral leg pain, neck and upper back pain. His current pain level was rated 5/10. His average pain over the past month was 5/10, getting as high as 9/10 and going down to 3/10 with medications. He reported that Percocet took effect within 15 minutes and provided relief for four to five hours. He was able to sleep five to six hours with Norco and Trazadone. He reported that acupuncture treatment was very effective and reduced his midback pain from 8/10 to 3/10. The injured worker had undergone four sessions of acupuncture, with the last session in March 2015. No physical exam was documented. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg Qty 30 is not medically necessary.