

Case Number:	CM14-0120362		
Date Assigned:	09/08/2014	Date of Injury:	06/29/2013
Decision Date:	11/12/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

43 yr. old female claimant sustained a work injury on 6/29/13 involving the low back. She was diagnosed with lumbar radiculopathy and chronic back pain. She had undergone epidural steroid injections and acupuncture treatments. A progress note on 5/21/14 indicated the claimant had an increase in pain to 9/10 back pain. She had been on Norco for pain which provided 30% relief. Exam findings were notable for decreased range of motion of the back and diminished sensation in the L3-S1 dermatomes. The physician requested continuation of Norco 10/325 mg 6 times daily, an additional 8 sessions of acupuncture and a med panel to evaluate liver and kidney.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG #180 DISPENSED ON 5/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco (hydrocodone/APAP) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is

recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco with a 9/10 pain level. There was no comment on improved function. The 30% pain reduction is not consistent with 9/10 pain. The use of Norco for the dates above is not medically necessary.

MED PANEL TO EVALUATE LIVER AND KIDNEY FUNCTION (DRUG SCREENING-CPT CODES 80101 X10, 82570, 83986, 84311): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Nsaids Page(s): 89-92 and 67.

Decision rationale: According to the guidelines, NSAID use may require routine liver and renal monitoring. Routine liver or renal testing is not recommended for those on opioids unless there is a history of disease. The claimant was not on an NSAID and there was no indication of liver or renal impairment. The lab request above is not medically necessary.

ADDITIONAL ACUPUNCTURE 2X / WEEK FOR 4 WEEKS (97810, 97811, 97813): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines, 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. Acupuncture treatments may be extended if functional improvement is documented. In this case, the amount of prior treatment completed is unknown. In addition, there is no indication of functional improvement in the documentation. The additional acupuncture request is not medically necessary.