

Case Number:	CM14-0124392		
Date Assigned:	09/16/2014	Date of Injury:	08/24/2011
Decision Date:	10/16/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/06/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

The injured worker is a 49 year-old female with a history of chronic cervical and low back pain, who injured her neck on 8/24/11 at her place of employment. This limited chart does not describe the mechanism of injury. She was diagnosed with cervical degenerative disc disease. The patient had a previous injury in 10/19/10 and was prescribed Norco and Valium for at least one year without documentation of efficacy, drug contracts, or urine drug screens. She had also been treated with acupuncture at that time without documented improvement. She continued to complain of chronic neck ache radiating to her shoulders. On exam, she had limited range of motion of her neck. Radiographic testing, other modalities of treatment and other medications used were not included in this limited chart. Another session of acupuncture and continued use of Norco and Valium was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 - Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2 sessions per week for six weeks is medically unnecessary. By MTUS guidelines, the recommended number of sessions is 3-6 before assessing functional improvement. There has to be documented functional improvement to request more sessions. There is no reasoning documented for requesting 12 sessions and there was also no documentation of the patient's response to previous six acupuncture treatment. Because of these reasons, the request is not medically necessary.

Norco 10/325mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The request for Norco is not considered medically necessary. The patient has been on long-term opioid use, taking Norco for over a year for chronic neck pain. The limited chart does not provide any documentation of improvement in pain and function with the use of Norco. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The patient had continued pain and it was unclear what kind of relief Norco provided for the chronic neck pain. It is not clear by the provided chart if an adequate trial of non-opioid medications was attempted. It was unclear at which dose the patient was started and if the lowest possible dose was prescribed to improve pain and function. Because there was no documented improvement in pain or functioning with the use of Norco, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of Norco outweigh the benefits and is considered not medically necessary.

Valium 5mg #60: 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 BENZODIAZEPINES, MUSCLE RELAXANTS Page(s): 24, 66.

Decision rationale: Valium is not medically necessary by MTUS guidelines. The patient had been taking it for over a year and according to guidelines, it is not recommended for long-term use as long-term efficacy is unproven and there is a high risk of dependency. Tolerance to muscle relaxant effects occurs within weeks. There is no benefit to taking benzodiazepines over other muscle relaxants for treatment of spasms. There is no mention in the limited chart provided of the attempted use of other muscle relaxants. Therefore, the request is not considered medically necessary.