MAXIMUS Federal Services

Case Number:	CM14-0184060		
Date Assigned:	11/10/2014	Date of Injury:	09/21/2012
Decision Date:	12/15/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/05/2014

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 American Board of Internal Medicine 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 (IW) is a 50-year-old man with a date of injury of September 21, 2012. The mechanism of injury was not documented in the medical record. Pursuant to a progress note dated August 13, 2014, the IW complains of neck pain radiating down the right arm and low back pain that radiates down both hips when walking. There is also numbness in the left hand and foot. Pain is rated 9/10 without taking medications, and 5/10 with medications. The IW is taking Percocet 5/325mg and Tramadol 50mg, both prescribed on May 16, 2014. He takes the Tramadol for moderate pain, and the Percocet for breakthrough pain. The IW is able to walk and move around a little more with medications. On examination, there is 5/5 strength of the bilateral lower extremities. Positive straight leg raise test on the left at 45-60 degrees, mild to moderate pain with lumbar extension, and mild palpable spasms at the bilateral lumbar musculature with positive twitch response. The provider recommends 12 additional sessions of physical therapy (PT) and continued medications including Percocet, and Tramadol. According to a progress noted dated August 11, 2014, the IW has completed 12 sessions of PT for the cervical spine and lumbar spine. The IW reports no change in symptoms but range of motion has improved slightly. There is no documentation of objective functional improvement from past PT. The provider is also recommending 6 sessions of acupuncture therapy to the lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg #120 is not medically necessary. With chronic ongoing opiate use the medical record contain ongoing review with documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. Objective functional improvement needs to be documented along with detailed pain assessments. In this case, the injured worker has persistent complaints of pain in the neck and lower back regions. He claims subjective improvement with Percocet, however there is no objective documentation indicating objective functional measures/improvement. Opiate use should reflect the lowest possible dose to improve pain and function. Additionally, two opiates are being utilized in the documentation does not support or contain a rationale other than Tramadol for moderate pain and Percocet for breakthrough pain. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Percocet 10/325 mg #120 is not medically necessary.

Tramadol 50mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #180 is not medically necessary. With chronic ongoing opiate use the medical record contain ongoing review with documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. Objective functional improvement needs to be documented along with detailed pain assessments. In this case, the injured worker has persistent complaints of pain in the neck and lower back regions. He claims subjective improvement with Percocet, however there is no objective documentation indicating objective functional measures/improvement. Opiate use should reflect the lowest possible dose to improve pain and function. Additionally, two opiates are being utilized in the documentation does not support or contain a rationale other than Tramadol for moderate pain and Percocet for breakthrough pain. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, tramadol 50 mg #180 is not medically necessary.

12 additional PT sessions 2 x 6 for the lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar and Cervical Spine Section, Physical therapy

Decision rationale: Pursuant to the Official Disability Guidelines, 12 additional physical therapy sessions two times per week for six weeks to the lumbar and cervical spine are not medically necessary. The guidelines state patients should be formally assessed after a six-week clinical visit to see if the injured worker is moving in a positive direction, no direction, or negative direction. The guidelines indicate frequency and duration for physical therapy to the cervical spine can visit eight weeks. Physical therapy the lumbar spine, similarly, 10 visits over eight weeks. Physical therapy is indicated in certain situations. In this case, the injured worker completed 12 physical therapy visits to the neck and lower back. There is no mention of any recent exacerbation of symptoms referable to the neck and lower back. Additionally, the injured worker should be familiar with a home exercise program as a result of prior physical therapy. There is no documentation in the medical record to suggest the injured worker has attempted and failed home exercise program. There is no functional objective clinical documentation in the medical record as a consequence of the prior physical therapy. Consequently, additional physical therapy is not medically necessary. Based on clinical information medical record in the peer-reviewed evidence-based guidelines, additional physical therapy 12 visits, two sessions per week for six weeks to the lumbar and cervical spine are not medically necessary.

6 sessions of acupuncture therapy for the lumbar and cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Cervical and Lumbar Sections, Acupuncture

Decision rationale: Pursuant to the Official Disability Guidelines, six sessions acupuncture for the lumbar cervical spine are not medically necessary. Acupuncture is understudy for the upper back, but not recommended for neck pain. The ODG recommends initial trial of 3 to 4 visits over two weeks with evidence of objective functional improvement. Total up to 8 to 12 visits over 4 to 6 weeks. Guidelines for lower back pain are initial trial of 3 to 4 visits over two weeks with evidence of objective functional improvement. Total up to 8 to 12 visits over 4 to 6 weeks. Acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In this case, there is no documentation of objective functional improvement in the medical record and consequently, acupuncture is not clinically indicated. The ODG indicate acupuncture is not recommended for neck pain. Based on the clinical information the medical

record in the peer-reviewed evidence-based guidelines, acupuncture successions of the lumbar cervical spine are not medically necessary.