MAXIMUS Federal Services

Case Number:	CM14-0099811		
Date Assigned:	07/28/2014	Date of Injury:	12/21/2012
Decision Date:	09/03/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational 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 patient is 30-year-old male who has submitted a claim for multilevel herniated nucleus pulposus of the lumbar spine with stenosis, lumbar radiculopathy, facet arthropathy of the lumbar spine, and left wrist possible tear of the scapholunate interosseous ligament associated from an industrial injury date of December 21, 2012.Medical records from 2014 were reviewed, the latest of which dated June 11, 2014 revealed that the patient complains of low back pain and left wrist pain. He states that his pain has fully returned since the time of injury. He rates a 9/10 for his low back pain and a 4/10 for his wrist pain. On physical examination, he has limitation in range of motion of the lumbar spine that is worse in extension. He has a positive facet provocation test on the left side. He points to the lumbar facet region as the source of his pain. He has decreased sensation of the right L3, L5 and S1 dermatomes. On motor examination, the left anterior tibialis anterior is 4+/5, left extensor halluces longus is 4/5, and bilateral inversion and eversion is 5-/5Treatment to date has included left wrist spaholunate ligament repair (7/22/13), left L4-5 and L5-S1 rhizotomy (9/18/13), physical therapy, wrist brace, chiropractic treatment, TENS and medications, which include Norflex, Norco, Tramadol, Terocin patch and Docuprene.Utilization review from June 3, 2014 modified the request for #120 Hydrocodone/APAP 5/325 mg to #60 Hydrocodone/APAP 5/325 mg because there is minimal support to use opiated for back pain, pain is ongoing despite use, and to start weaning; denied the request for #60 Orphenadrine Citrate 100 mg ER because muscle relaxants are only indicated for short term use with acute spasm and because there is no documented spasm; and denied the request for Acupuncture 2x a week for 4 weeks because active modalities are supported over passive and pain is increasing despite use.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Hydrocodone 5/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115,Chronic Pain Treatment Guidelines Opioids Page(s): 83,95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: As stated on pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on hydrocodone/APAP (Norco) since January 2014 for pain control. However, there was no documentation of recent pain relief or functional improvement with its use. Also, a urine drug screening dated February 5, 2014 revealed detected alprazolam and methamphetamine that were not prescribed. There is no discussion to support the need for continuation of opioid use. Moreover, the patient has a recent history of possible aberrant drug use. Therefore, the request for #120 Hydrocodone/APAP 5/325 mg is not medically necessary.

#60 Orphenadrine Citrate 100 mg ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: As stated on pages 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been on Orphenadrine since January 2014 for muscle spasm. The most recent clinical evaluation revealed no spasm. Also, the patient is on NSAIDs and there is no clear indication at this time to necessitate adjunct treatment with muscle relaxant. Moreover, extension of treatment is beyond guideline recommendation. Therefore, the request for #60 Orphenadrine Citrate 100 mg ER is not medically necessary.

Accupuuncture 2x a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Pain, Suffering, and the Restoration of Function Chapter, page 114.

Decision rationale: As stated on page 114 of the ACOEM as references by the CA MTUS, guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be 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. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments and that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. The patient has had 11 sessions of acupuncture that reduce his pain temporarily. However, the most recent clinical evaluation revealed persistence of pain symptoms. Also, there is no clinically significant improvement in activities of daily living. Moreover, the patient has not returned to work since February 2013. There is no discussion to support the need for continuation of acupuncture treatment. Therefore, the request for Acupuncture 2x a week for 4 weeks is not medically necessary.