

Case Number:	CM14-0149554		
Date Assigned:	09/18/2014	Date of Injury:	11/17/2012
Decision Date:	01/02/2015	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 57 year old male with a date of injury as 11/17/2012. The current diagnoses are cervicothoracic strain/arthrosis, status post bilateral shoulder surgeries with ongoing impingement and acromioclavicular joint arthrosis, right elbow degenerative arthrosis, possible bilateral carpal tunnel syndrome, left ulnar-sided wrist pain with mass, lumbosacral strain/arthrosis/discopathy with central and foraminal stenosis, left knee end stage degenerative arthrosis, right knee mild degenerative arthrosis. Previous treatments include multiple medications, acupuncture, bilateral knee cortisone injections, Magnetic Resonance Imaging (MRI) on 05/05/2014, and home exercise program. Primary treating physicians reports dated 03/25/2014 through 11/10/2014 were included in the documentation submitted. The report dated 11/10/2014 indicates that the injured worker presented with complaints of low back and left knee problems. Physical examination revealed tenderness in the low back, restricted forward flexion, limited left knee extension, and positive straight leg raising signs bilaterally. It was further documented that the injured worker was no longer taking anti-inflammatory medication due to blood pressure. He has a medical marijuana card that seems to help him. It was also noted that the injured worker rarely takes the Flexeril or hydrocodone. The injured worker is on a home exercise program. The injured worker was dispensed a cane during this appointment due to his significant antalgic gait related to the low back and left knee problems. Acupuncture progress notes were submitted with the documentation received indicating that the injured worker has completed 10 acupuncture visits from 05/21/2014 through 06/20/2014, indicating that there has been slight improvement, but no detailed evaluation was provided. On 09/30/2014 an orthopedic consultation and x-ray were performed. Physical examination revealed antalgic gait, weakness in the toes, limited Range of Motion (ROM), tenderness in the paralumbar. Radiographs performed during this visit showed degenerative joint disease and large spur at L1-L2, physician impression

was lumbar/sacral spondylosis. Treatment recommendation included epidural steroid injections and facet joint injections. The injured worker is temporarily totally disabled. A request for Norco, Magnetic Resonance Imaging (MRI) of the lumbar spine, and 6 additional acupuncture sessions was made on 08/06/2014. The utilization review performed on 08/27/2014 modified the request for Norco, and non-certified the request for the Magnetic Resonance Imaging (MRI) of the lumbar spine and additional 6 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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 use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg, #60 is not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated: Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at

least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of lumbar radiculopathy or nerve root compromise. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for MRI of the lumbar spine is not medically necessary.

Six (6) additional acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, acupuncture is considered in knee, back, ankle, and upper extremities complaints. "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef). Although acupuncture could be used to treat the patients pain condition, however Acupuncture, 6 additional sessions cannot be approved without documentation of its efficacy during the first 10 sessions.