MAXIMUS Federal Services

Case Number:	CM14-0215368		
Date Assigned:	01/02/2015	Date of Injury:	10/27/2009
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 27, 2009. In a Utilization Review Report dated December 2, 2014, the claims administrator denied a request for additional acupuncture while apparently approving a request for BuTrans. The claims administrator referenced a November 11, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In an earlier note dated July 14, 2014, the applicant reported persistent complaints of neck pain. The applicant was using Norco for pain relief. The attending provider stated that the applicant had completed five to six sessions of acupuncture to date. The applicant was status post multiple cervical and fusion procedures, it was acknowledged. An additional six sessions of acupuncture were endorsed. The attending provider suggested continuing previously imposed permanent work restrictions. It did not appear that the applicant was working with said limitation in place. On August 12, 2014, the applicant was given prescriptions for Suboxone and morphine. Additional acupuncture was again sought. Permanent work restrictions were renewed. On December 10, 2014, the attending provider again sought additional acupuncture while suggesting the applicant continue Norco and Motrin. Permanent work restrictions were again renewed. The applicant had ancillary complaints of anxiety and depression. The applicant did not appear to be working with permanent limitations in place, it was suggested on medical-legal evaluation dated September 24, 2014. On November 11, 2014, the applicant was asked to employ Butrans on a trial basis, reportedly for pain purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture for the cervical spine, QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does represent a renewal request for acupuncture. As noted in the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20f. In this case, however, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on various opioid agents including Norco, Suboxone, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier acupuncture. Therefore, the request for additional acupuncture was not medically necessary.

Trial of Butrans 10mcg, QTY: 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Buprenorphine (Butrans) is indicated in the treatment of opioid addiction and/or as an option for chronic pain in applicants who have previously detoxified off of opioids, in this case, however, the attending provider himself acknowledged that that applicant was not, in fact, employing Butrans or Buprenorphine for opioid addiction or opioid dependence purposes but, rather, was intent on employing the same for chronic pain purposes. This is not an appropriate role for Butrans, per page 26 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.