

Case Number:	CM14-0215535		
Date Assigned:	01/05/2015	Date of Injury:	09/02/2012
Decision Date:	02/24/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 45 year old employee with date of injury of 9/2/12. Medical records indicate the patient is undergoing treatment for bilateral wrists sprain/strain with chronic pain, rule out carpal tunnel syndrome; chronic, repetitive sprain/strain in the lumbar spine; chronic low back pain; lumbar radiculitis rule out disc herniation and obesity secondary to chronic low back pain. Subjective complaints includes pain with medications is 3-4/10 and without medication 4-7/10. Objective findings include: bilateral upper extremity had positive Finkelstein's, right greater than left; medial greater than lateral elbow tenderness. The patient had a negative bilateral straight leg raise. An MRI (9/27/13) documented loss of intervertebral disc height and disc desiccation changes at L2-L3 and L5-S1 levels with straightening of the lumbar spine lordosis. At L5-S1, annular concentric and broad based 3-mm disc protrusion is seen, flattening and abutting the anterior slightly more to the right portion of the thecal sac with mild right lateral spinal and neural foraminal stenosis. Treatment has consisted of physical therapy for wrists and hands, ice and heat, bracing, home exercise, acupuncture, lumbar support and carpal tunnel injection. Medicines include: Vicoprofen, Motrin and Prevacid. The utilization review determination was rendered on 11/26/14 recommending non-certification of Vicoprofen 7.5/200 #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200mg, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; NSAIDs (non-steroidal anti-inflammation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96 Page(s): page(s) 74-96. Decision based on Non-MTUS Citation Pain, Opioids

Decision rationale: ODG states concerning Vicprofren (Hydrocodone/Ibuprofen) Recommended for short-term use only (generally less than 10 days). The patient has exceeded the 10 day recommended treatment length for usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. In addition, the previous utilization review recommended weaning. As such, the question for Vicoprofen 7.5 mg/200 mg #10 is not medically necessary.

Acupuncture 1 time per week for 6 weeks for the lumbar spine, bilateral elbows and bilateral wrists: 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 Low Back, Acupuncture Wrist, Acupuncture

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines clearly state that 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." The medical documents did not provide detail regarding patients increase or decrease in pain medication from previous acupuncture treatments. In addition, ODG does not recommend acupuncture for wrist. ODG states not recommended. Rarely used and recent systematic reviews do not recommend acupuncture when compared to placebo or control. As such, the request for Acupuncture 2 x 3 - Bilateral Hand/ Wrist is not medically necessary.