

Case Number:	CM15-0118328		
Date Assigned:	06/26/2015	Date of Injury:	08/13/2009
Decision Date:	07/27/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 61 year old male, who sustained an industrial/work injury on 8/13/09. He reported initial complaints of neck, back, and elbow pain. The injured worker was diagnosed as having lumbago, and cervicgia. Treatment to date has included medication, physical therapy, psychiatric care, massage therapy, chiropractic therapy and/or acupuncture. MRI results were reported on 3/4/15. Currently, the injured worker complains of shooting pains across shoulders and neck rated 3/10 and in the right hip and leg. Per the primary physician's report on 5/3/15, examination demonstrated tenderness of the lumbar spine and limited range of motion of the back, pain in the elbow with certain movements. Current plan of care included acupuncture and medications. The requested treatments include Acupuncture x 12 to the neck/low back/right elbow, Norco 10/325mg, and Soma 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 to the neck/low back/right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "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. Functional benefit can be obtained in 3-6 sessions. In this case, the claimant had an unknown amount of prior acupuncture sessions. Intervention notes were not provided. The amount of additional 12 sessions exceeds that which would be needed for functional benefit. Acupuncture is an option not a medical necessity.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. There was no indication of NSAID, Tylenol failure or weaning attempt. The continued use of Norco is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA Page(s): 29.

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with Hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with Hydrocodone which increases side effect risks and abuse potential. The claimant had been on Soma for several months and long-term use is also not recommended. The continued use of SOMA is not medically necessary.