

<b>Case Number:</b>	CM15-0119520		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	10/07/1995
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 injured worker is a 56 year old female, who sustained an industrial injury on 10/07/1995. The injured worker was diagnosed as having lumbar post-laminectomy syndrome and lumbar spinal stenosis. Treatment to date has included diagnostics, lumbar spinal surgery, spinal cord stimulator implant, acupuncture, transcutaneous electrical nerve stimulation unit, and medications. Currently (5/26/2015), the injured worker complains of low back pain with radiation down both legs, currently rated 6/10. Pain was rated 5/10 with medication use and 10/10 without. She stated that her pain was constant, with tingling, burning, and numbness. She stated that current medication use included Cymbalta, Lyrica, and Norco. She denied any side effects. She was documented as currently going to acupuncture with improved pain symptoms. Exam noted a slowed gait, 5/5 bilateral lower extremity strength, moderate palpable spasms in the bilateral paraspinal musculature with positive twitch response, and moderately decreased range of motion. The treatment plan included continued breakthrough pain medication, noting that she did not need reprogramming at this time. Urine toxicology was documented as consistent with prescribed medications. It was also documented that she had intolerable side effects with Cymbalta and Lyrica, therefore medications were discontinued. The "intolerable" side effects were not documented. Additional acupuncture x6 was also requested. No significant changes were noted in pain or function. The use of Norco was noted since at least 10/2014, at which time she was also taking Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, criteria for use; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar spinal stenosis; and post laminectomy pain syndrome. The date of injury is October 7, 1995 (20 years prior). Norco was prescribed as far back as August 2014 (according to the utilization review). According to a November 26, 2014 progress note, the injured worker has low back pain that radiates to the bilateral lower extremities. Pain is 6/10. Medications included Norco 10/325mg, and Lyrica. According to a May 7, 2015 progress note, six acupuncture sessions were certified. Acupuncture progress notes present in the medical record, but did not show evidence of objective functional improvement. Most recent progress note in the medical record dated 2015 (request for authorization dated May 28, 2015), subjectively states the injured worker continues with low back pain that radiates to the bilateral lower extremities. Pain is 6/10. The injured worker continues Norco 10/325mg, Cymbalta and Lyrica. Objectively, there is normal strength with decreased range of motion. There is spasm noted at the lumbar paraspinal muscle groups. Urine drug screen is consistent with medications taken by the injured worker. There was no objective functional improvement to support ongoing Norco 10/325mg. There were no risk assessments in the medical record. Consequently, absent clinical documentation of objective functional improvement to support ongoing Norco 10/325 mg, risk assessments and attempted weaning, Norco 10/325mg #120 is not medically necessary.

**6 Acupuncture sessions: 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 Official Disability Guidelines (ODG) Pain section, Acupuncture.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, 6 acupuncture sessions are not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are lumbar spinal stenosis; and post laminectomy pain syndrome. The date of injury is October 7, 1995 (20 years prior). Norco was prescribed as far back as August 2014 (according to the utilization review). According to a November 26, 2014 progress note, the injured worker has low back pain that radiates to the bilateral lower extremities. Pain is 6/10. Medications included Norco 10/325mg, and Lyrica. According to a May 7, 2015 progress note, six acupuncture sessions were certified. Acupuncture progress notes present in the medical record, but did not show evidence of objective functional improvement. Most recent progress note in the medical record dated 2015 (request for authorization dated May 28, 2015), subjectively states the injured worker continues with low back pain that radiates to the bilateral lower extremities. Pain is 6/10. The guidelines recommend a trial of 3-4 visits. With evidence of objective functional improvement a total of up to 8 to 12 visits may be clinically indicated. There is no documentation of objective functional improvement. Consequently, absent clinical documentation with objective functional improvement to support ongoing acupuncture (after an initial trial), 6 acupuncture sessions are not medically necessary.