

Case Number:	CM15-0129566		
Date Assigned:	07/15/2015	Date of Injury:	12/21/1988
Decision Date:	08/18/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/06/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 60-year-old male who sustained an industrial injury on 12/21/1988. Diagnoses include lumbar degenerative disc disease/radiculopathy. Treatment to date has included medication, acupuncture and physical therapy. According to the progress notes dated 5/9/15, the IW reported continuous low back pain rated 8-9/10 on average, radiating to the neck and down the bilateral legs. Medications and physical therapy were reportedly helpful. Acupuncture relieved pain by 40%. On examination, straightening of the lordotic cervical curve was noted. The thoracolumbar spine was tender over the paralumbar muscles. Straightening of the lordotic lumbar curve was noted. Range of motion was decreased in all planes and trigger point myospasms were present. Tylenol #3, Baclofen, Celebrex and Omeprazole were listed as current medications. A request was made for Tylenol #3, #30; Celebrex 200mg, #30; and 12 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine (Tylenol with Codeine), Opioids.

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

Decision rationale: The patient presents with lower back pain that is rated an 8/10 with associated bilateral lower extremity pain. The current request is for Tylenol #3, #30. The treating physician report dated 6/8/15 2 (302b) states, Alleviating factors include physical therapy, medication. At this time, I would like to request authorization for the patient to receive transforaminal ESI at L5/S1. I also recommend he continue with tramadol, omeprazole and Celebrex. There is a prescription found in the medical records dated 7/16/15 that indicates Baclofen, Omeprazole, Tylenol #3 and Ketoprofen 20% were prescribed. There is no report found outlining these prescriptions. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not documented that the patient has any relief with prior opioid medication usage and there is no discussion regarding initiating a new opioid. There are no before or after pain scales used. There is no discussion regarding ADLs or any functional improvements with medication usage. There is no mention of side effects or aberrant behaviors, CURES or UDS found in the records. The MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary.

Celebrex 200mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents with lower back pain that is rated an 8/10 with associated bilateral lower extremity pain. The current request is for Celebrex 200mg #30. The treating physician report dated 6/8/15 2(302b) states, Alleviating factors include physical therapy, medication. At this time, I would like to request authorization for the patient to receive transforaminal ESI at L5/S1. I also recommend he continue with tramadol, omeprazole and Celebrex. The MTUS guidelines pg 22 does recommend NSAIDs, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." In this case, the treating physician states that the patient's condition is improved by 40% with medication usage. The current request is medically necessary.

12 Sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with lower back pain that is rated an 8/10 with associated bilateral lower extremity pain. The current request is for 12 sessions of acupuncture. The treating physician states in a report dated 5/9/15 (258b), the patient did very well with acupuncture treatment so I would like to request he continue with conservative treatment and have sessions of physical therapy to help with core strengthening and increase functionality. Review of the Acupuncture Medical Treatment Guidelines (AMTG) supports acupuncture with frequency and duration as follows, time to produce functional improvement: 3 to 6 treatments. Frequency: 1 to 3 times per week. Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). The treating physician did not state how many sessions of prior acupuncture treatments were provided. There is no documentation of functional improvements achieved such as return to work or specific functional improvements in ADLs to consider continued acupuncture and the request exceeds the 3-6 visit quantity recommended by the AMTG. The current request is not medically necessary.