MAXIMUS Federal Services

Case Number:	CM15-0170586		
Date Assigned:	09/11/2015	Date of Injury:	08/25/2005
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/31/2015

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
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 injured worker is a 66 year old male who sustained an industrial injury on 08-25-2005. Mechanism of injury was a fall. Diagnoses include spondylolisthesis of the lumbar spine, right lower extremity radiculitis and thoracic spine fractures, and lumbar sprain. He suffered a fall with injuries on 09-20-2000. He has a history of myocardial infarction, and gastroesophageal reflux disease. A physician progress note dated 07-10-2015 documents the injured worker has complaints of pain in his neck traveling to his right shoulder and rates his pain as 8 out of 10 with medication. His pain is worsening. He has pain radiating down the right side of the right shoulder and low back. He has difficulty sleeping due to pain. There is pain and tenderness over the thoracic paraspinal muscles with restricted range of motion. Lumbar spine range of motion is restricted and extradural involvement-sciatic tension is positive on the right. He walks with an antalgic gait favoring the right. A QME note dated 09-25-2014 documents he had complaints of low back pain, right knee pain, upper back, and right shoulder and neck pain. He is not working. Treatment to date has included diagnostic studies, medications, acupuncture, psychotherapy, chiropractic care, and status post right knee arthroscopy. The treatment plan includes a urine drug screen, and a follow up appointment. On 07-29-2015 the Utilization Review modified the requested treatment Norco 10/325 MG #120 to generic Norco 10-325mg #60. Partial certification is provided for either initiation of downward titration and complete discontinuing of the opioid subsequent review, due to noncompliance of opioid guidelines, or to allow an opportunity for submission of the mandated documentation. Acupuncture Sessions with Electro Stimulation for the Thoraco Lumbar Spine 2x6 was non-certified. The claimant has completed some acupuncture in the past but it is not clear when or how many sessions have been done. Without clear evidence of clinical and functional benefits with prior acupuncture care the necessity of this request is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 MG #120 is determined to not be medically necessary.

Acupuncture Sessions with Electro Stimulation for The Thoraco Lumbar Spine 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. In this case, the injured worker has completed an unknown number of past acupuncture treatments without documented pain relief. Additionally, this request for 12 sessions exceeds the recommendations of the established guidelines. The request for acupuncture sessions with electro stimulation for the thoraco lumbar spine 2x6 is determined to not be medically necessary.