MAXIMUS Federal Services

Case Number:	CM15-0178612		
Date Assigned:	09/18/2015	Date of Injury:	05/20/2003
Decision Date:	10/29/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/11/2015

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 is a 44 year old female who sustained an industrial injury on 5-20-03 from a slip and fall. She is not working. Diagnoses included myofascial pain; lumbar disc degeneration; lumbosacral sprain, strain; chronic pain syndrome. She currently (8-24-15) complains of constant, shooting low back pain with a pain level of 4-9 out of 10 (complaints were unchanged from the 2-13-15 note). Medication and acupuncture improves pain per documentation. On physical exam, there was decreased painful range of motion, myospasms. The pain level from the progress note dated 6-26-15 after acupuncture stared was 4-7 out of 10 with injured worker indicating improvement and the notes from 1-23-15 to 5-15-15 had a pain level range form 6-8 out of 10 prior to treatment start. Treatments to date included medications: Motrin, Norco, Vistaril (Norco, Lunesta, Vistaril have been denied causing increased anxiety, stress and insomnia). In the progress note dated 8-24-15 the treating provider's plan of care included requests for acupuncture for the low back twice per week for three weeks to reduce myospasm and restore function; Vicodin 5-300mg #10; Atarax 50mg #30 for pain related anxiety and insomnia. The requests for authorization dated 8-24-15 indicated Atarax 50 mg #30; Vicodin 5-300 mg #10 and the request dated 8-26-15 indicated acupuncture six sessions. On 9-2-15 utilization review evaluated and non-certified the requests for 6 sessions of acupuncture based on no significant quantified improvement in function or pain reduction after 12 sessions and although the injured worker reports improvement, documentation lacks change in subjective and objective findings; Atarax 50 mg #30 based on lack of evidence showing quantified improvement, prior non-certification of Vistaril and possibility of tolerance; Vicodin 5-300 mg #10 based on documentation indicating long term use of opioids without evidence of significant quantifiable pain reduction or improvement in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with pain affecting the low back. The current request is for 6 sessions of acupuncture. The treating physician report dated 8/24/15 (95B) states, "Request auth for acupuncture for the low back, 2x week for 3 weeks to reduce myospasm and restore function." Review of the Acupuncture Medical Treatment Guidelines (AMTG) supports acupuncture for 3-6 treatments and treatments may be extended if functional improvement is documented. The guidelines go on to state "Frequency: 1 to 3 times per week, Optimum duration: 1 to 2 month." The medical reports provided do show the patient has received at least 12 sessions of acupuncture treatments previously. There is a lack of documented functional improvement from prior acupuncture treatments. In this case, the current request of an additional 6 visits does not satisfy the AMTG guidelines as it only supports treatment beyond 3-6 visits if functional improvement is documented. Furthermore, there is no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the AMTG guidelines. Additionally, the current request does not specify what body part is be addressed during acupuncture therapy. The current request is not medically necessary.

Atarax 50mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Anxiety medications in chronic pain (2015); ODG, Mental Illness & Stress: Insomnia treatment (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Pain, Anxiety.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Atarax 50mg #30. The treating physician report dated 8/24/15 (95B) states, "Request auth for trial of Atarax 50mg, 1 tab QHS # for pain related anxiety and insomnia. Atarax is preferred over benzodiazepine medications as a non-addicting and non-habit forming alternative." The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding hydroxyzine: "it is an adjunct medication used for insomnia and restlessness when weaning opiates. Antihistamines like hydroxyzine are used to treat anxiety, over the use of benzodiazepines, which have sedation effects and potential for abuse and psychological dependence." In this case, there is documentation of anxiety and an inability to sleep in the medical reports dated 6/26/15 (86B) and 8/24/15 (90B). Furthermore, the patient has not been prescribed Atarax (hydroxyzine) previously and the current request for a trial seems reasonable and satisfies the ODG guidelines as the patient presents with anxiety and insomnia. The current request is medically necessary.

Vicodin 5/300mg #10: Overturned

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, criteria for use.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Vicodin 5/300mg #10. The treating physician report dated 8/24/15 (95B) states, "Request trial of Vicodin 5/300mg, 1 tab QD PRN #10/M. Patient has signed medication agreement with this office. Use of hydrocodone decreases pain by >50%, improves walking and activity tolerance. No abuse or aberrant behavior, no side effects. Patient is receiving pain medication from a single provider." The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. In this case, while the medical reports provided indicate that the patient was previously taking Norco, the patient has not been prescribed Vicodin previously. Furthermore, the patient experienced an increase in function and a decrease in pain from prior use of hydrocodone. The current request for a trial of Vicodin satisfies the MTUS guidelines as outlined on pages 76-78. The current request is medically necessary.