

Case Number:	CM15-0179494		
Date Assigned:	09/30/2015	Date of Injury:	04/28/2008
Decision Date:	11/12/2015	UR Denial Date:	08/11/2015
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: Texas, New York, 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 applicant is a represented 63-year-old who has filed a claim for chronic low back (LBP) reportedly associated with an industrial injury of June 1, 2010. In a Utilization Review report dated August 11, 2015, the claims administrator failed to approve requests for 12 sessions of acupuncture, Norco, and urinalysis apparently ordered on July 22, 2015. Non-MTUS ODG Guidelines and acupuncture were seemingly invoked in the determination, despite the fact that MTUS addresses the topic. The claims administrator contended that the attending provider failed to state how much prior acupuncture had transpired through the date of the request. A July 27, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On July 22, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, aggravated by sitting, standing, walking, bending, and lifting. The applicant was on Norco at a rate of thrice daily, it was reported. The applicant was obese, standing 5-1/2 inches tall and weighing 242 pounds. Urine drug testing and Norco were endorsed. The applicant's permanent work restrictions were renewed. It was not clearly stated when the applicant was last drug tested. It was not clearly stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case. The attending provider acknowledged that the request for continued acupuncture represented an extension request as the applicant had received approval for 6 recent treatments, it was acknowledged. On a medical-legal evaluation dated June 2, 2015, it was acknowledged that the applicant was no longer working and had reportedly retired in 2012. The applicant was still

having difficulty performing activities of daily living as basic as household chores, laundry, driving, shopping, and cooking, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Acupuncture 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The request for 12 sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. As noted by the attending provider on his July 22, 2015 office visit, the request in question was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, there was no such demonstration of functional improvement as defined in section 9792.20e following receipt of earlier unspecified amounts of acupuncture through the date of the request. The applicant remained off of work, it was acknowledged on a Medical-legal Evaluation dated June 2, 2015. Activities of daily living as basic as household chores, laundry, driving, shopping, and cooking remained problematic, the medical-legal evaluator reported. The applicant remained dependent on opioid agents such as Norco, it was acknowledged on the date of the request, July 22, 2015. Permanent work restrictions were renewed on that date, seemingly unchanged from prior visits. All of the foregoing, taken together, suggested a lack of functional improvement as define in MTUS 9792.20e, following receipt of at least 6 prior acupuncture treatments. Therefore, the request for an additional 12 sessions of acupuncture was not medically necessary.

Norco 10/325mg #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, criteria for use.

Decision rationale: Similarly, the request for Norco (hydrocodone-acetaminophen) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opiate therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was not working, a medical legal evaluator reported on June 2, 2015. The applicant had not worked since 2012, the medical legal evaluator reported. The applicant was still having difficulty performing activities of daily living as basic as household chores, laundry, driving, shopping, and cooking, it was reported on that date. While the attending provider stated on July 20, 2015, that the applicant's

usage of Norco was beneficial, this was not seemingly expounded or elaborated upon and was, moreover, outweighed by the applicant's failure to return to work and the treating provider's reports on July 20, 2015, to the effect that the applicant was still having difficulty performing activities as basic as sitting, standing, walking, bending, lifting, and the like. Therefore, the request was not medically necessary.

Retrospective Urinalysis (dos 7/22/15): 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Finally, the request for a retrospective urinalysis (AKA urine drug screen) was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option in the chronic pain population, to assess for the presence or absence of illegal drugs, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for and why, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, while Norco was renewed on July 22, 2015, the attending provider did not clearly state that Norco was the only medication the applicant was on. The applicant's complete medication list was not, thus, attach to the request for authorization for testing. The attending provider neither signaled his intention to eschew confirmatory or quantitative testing nor signaled his intention to conform to the best practices of the United States Department of Transportation when performing testing. It was not stated when the applicant was last drug tested. There was no mention of whether the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would be indicated. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.