

<b>Case Number:</b>	CM15-0070077		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	07/24/2014
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: 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 25 year old female, who sustained an industrial injury on July 24, 2014. She reported neck and low back pain after a collision while driving a bus. The injured worker was diagnosed as having cervical strain, trapezius strain, rhomboid strain, quadratus lumborum strain, lumbar strain, ligament/muscle strain and spasm and diminished sensation to the left lumbar 4 reflex. Treatment to date has included diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of neck and lumbar spine pain with radiating pain, tingling and numbness to the bilateral upper extremities. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on November 5, 2014, revealed continued complaints as noted. Acupuncture, medications, a urinary drug screen and orthotics were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the cervical spine and lumbar spine (2x3): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The most recent medical report provided is dated 12/03/14 and states that the patient presents with continued pain to the left hip that radiates with 5-8/10 baseline pain. The 11/05/14 report states the patient presents with continued lumbar spine pain rated 5-7/10. The current request is for ACUPUNCTURE FOR THE CERVICAL SPINE AND LUMBAR SPINE (2X3). The RFA included is dated 12/03/14. The reports do not state if the patient is currently working. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." The reports provided for review state that the patient has received physical therapy and requests chiropractic treatment; however, there is no discussion of this request, and it is unclear if the patient has received prior acupuncture treatment. The most recent reports provided from 11/05/14 and 12/03/14 include listed diagnoses of Lumbar strain and multiple trigger points in the lumbar spine, but provide no diagnosis for the cervical spine. No cervical spine examination findings are provided. In this case, the MTUS guidelines allow a trial of up to 6 treatments which may be extended with documented functional improvement. However, lacking clear documentation of the need for this request, the request IS NOT medically necessary.

**Norco 5/325mg #60, as prescribed on 2/27/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The most recent medical report provided is dated 12/03/14 and states that the patient presents with continued pain to the left hip that radiates with 5-8/10 baseline pain. The 11/05/14 report states the patient presents with continued lumbar spine pain rated 5-7/10. The current request is for NORCO 5/325 #60 AS PRESCRIBED ON 02/27/15 Hydrocodone, an opioid. The RFA is not included. The reports do not state if the patient is currently working. 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 4As (analgesia, ADLs, adverse side effects, and adverse 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. The 12/03/14 report states that the patient's prescription for "5 Norco" is to be refilled. It is not clear from the reports provided for review how long the patient has been prescribed this medication. This report also states, "Patient reports increased functional capacity and decreased pain with medications." Other prescribed medications are not documented. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with

opioid usage. While the 12/03/14 report lists ADLs affected by the patient's pain, no specific ADLs are mentioned to show a significant change with use of this medication. Opiate management issues are not addressed. No UDSs are documented or provided for review, and there is no mention of CURES. Adverse behavior and Adverse side effects are not discussed. The 4As have not been sufficiently documented as required by the MTUS guidelines. The request IS NOT medically necessary.

**Random Urine drug screen obtained on 02/27/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing use of Opioids Page(s): 43, 77-80 and 94.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** The most recent medical report provided is dated 12/03/14 and states that the patient presents with continued pain to the left hip that radiates with 5-8/10 baseline pain. The 11/05/14 report states the patient presents with continued lumbar spine pain rated 5-7/10. The current request is for RANDOM URINE DRUG SCREEN OBTAINED 02/27/15. The RFA is not included. The reports do not state if the patient is currently working. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. While the 12/03/14 report shows that Norco/Hydrocodone is prescribed as a continuing medication, no current reports show that the patient is prescribed opioids at the time of the 02/27/14 random UDS. Very little information is provided regarding medications and the patient's treatment history with opioids. In this case, the MTUS guidelines recommend urine screening for the management of chronic opioid use. Lacking evidence that the patient is prescribed opioids, the request IS NOT medically necessary.

**Quickdraw back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low Back ? Lumbar & Thoracic Chapter, lumbar supports.

**Decision rationale:** The most recent medical report provided is dated 12/03/14 and states that the patient presents with continued pain to the left hip that radiates with 5-8/10 baseline pain. The 11/05/14 report states the patient presents with continued lumbar spine pain rated 5-7/10. The current request is for QUICKDRAW BACK BRACE. The RFA is not included. The reports do not state if the patient is currently working. ACOEM guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Low Back - Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing,

ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." The reports provided for review do not discuss the reason for this request. No clinical evidence is provided that the patient has acute back symptoms, compression fractures, spondylolisthesis, documented instability or is postoperative. There is very low quality evidence for treatment of non-specific back pain. In this case, there is insufficient documentation that treatment with a back brace is indicated for this patient. The request IS NOT medically necessary.