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| Case Number: | CM15-0079488 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 02/03/2004 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 03/25/2015 |
| Priority: | Standard | Application Received: | 04/24/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 64-year-old female, who sustained an industrial injury on 2/3/2004. She reported neck, and bilateral upper extremity pain. The injured worker was diagnosed as having bilateral shoulder impingement with tendinopathy and AC joint arthritis, cervical sprain/strain with radicular component down her upper extremities. Treatment to date has included medications, acupuncture, and TENS. The request is for Norco, and acupuncture. On 3/12/2015, she complained of continued neck pain with pain in both upper extremities, and associated numbness and tingling. She reports being pleased with the results of the 6 acupuncture sessions completed. The treatment plan included elbow brace, carpal tunnel brace, acupuncture, and Norco, Valium and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids (since 2013) without significant evidence of functional improvement therefore the request for continued Norco is not medically necessary.

6 Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 6 Acupuncture sessions is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. Additionally, the documentation indicates that that the patient has had prior acupuncture but there is no evidence of significant functional improvement from this acupuncture therefore additional acupuncture is not medically necessary.