

Case Number:	CM15-0095390		
Date Assigned:	05/21/2015	Date of Injury:	05/02/2006
Decision Date:	06/24/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39-year-old female, who sustained an industrial injury on 5/2/06. She reported a low back injury after slipping and falling. The injured worker was diagnosed as having carpal tunnel syndrome, lumbar disc displacement and cervical disc displacement. Treatment to date has included physical therapy, oral medications including opioids, topical medications, aqua therapy and acupuncture. Electrodiagnostic studies were performed on 2/11/15. Currently, the injured worker complains of constant neck pain rated 7/10, constant left shoulder pain rated 7-8/10, numbness and tingling to bilateral hands and constant lower back pain rated 7/8/10 with radiation to bilateral legs with numbness and tingling. She notes inability to sleep due to pain. Physical exam noted guarded gait with head in guarded position and spasm and tenderness to the left trapezius with limited range of motion of cervical spine and left shoulder. The treatment plan included acupuncture, oral medications including Norco and topical medication Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86, Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2006. She continues to be treated for neck pain, low back pain, left shoulder pain, and bilateral numbness and tingling of the hands. When seen, pain was rated at 7-8/10. Medications being prescribed include Norco and a total MED (morphine equivalent dose) of 10 mg per day. Norco is referenced as decreasing pain by 50%. Physical examination findings included decreased cervical spine and left shoulder range of motion. There was left trapezius and cervical spine muscle spasm with tenderness. The claimant had a guarded gait. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Flector Patch 1.3 Percent #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2006. She continues to be treated for neck pain, low back pain, left shoulder pain, and bilateral numbness and tingling of the hands. When seen, pain was rated at 7-8/10. Medications being prescribed include Norco and a total MED (morphine equivalent dose) of 10 mg per day. Norco is referenced as decreasing pain by 50%. Physical examination findings included decreased cervical spine and left shoulder range of motion. There was left trapezius and cervical spine muscle spasm with tenderness. The claimant had a guarded gait. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary. (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary. Topical analgesics are recommended as an option and although primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed may also be useful for chronic musculoskeletal pain. In this case, the claimant has reported benefit with the use of Flector without reported adverse side effect. The dose is within

that recommended for use and the quantity requested is consistent with the number being prescribed. Therefore, Flector was medically necessary.

Acupuncture two times a week times six weeks for the cervical spine, left shoulder, lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2006. She continues to be treated for neck pain, low back pain, left shoulder pain, and bilateral numbness and tingling of the hands. When seen, pain was rated at 7-8/10. Medications being prescribed include Norco and a total MED (morphine equivalent dose) of 10 mg per day. Norco is referenced as decreasing pain by 50%. Physical examination findings included decreased cervical spine and left shoulder range of motion. There was left trapezius and cervical spine muscle spasm with tenderness. The claimant had a guarded gait. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.