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| <b>Case Number:</b>   | CM13-0005559 |                              |            |
| <b>Date Assigned:</b> | 03/21/2014   | <b>Date of Injury:</b>       | 08/27/2010 |
| <b>Decision Date:</b> | 06/10/2014   | <b>UR Denial Date:</b>       | 07/15/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/01/2013 |

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 44 year old female injured on 08/27/10 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. It is noted that the patient has undergone multiple epidural steroid injections, acupuncture, physical therapy, and chiropractic therapy; however, the exact numbers of each is unclear. Current diagnoses include lumbar radiculopathy. It is believed that the patient has completed 6 visits of acupuncture and 17 visits of physical therapy to date. The clinical documentation dated 02/2014 indicates attempts to wean narcotics by decreasing Norco 10% with a decrease to Norco 10/325mg 1 tablet TID. Neurontin remains 300mg BID. Current medications include Norco 10/325mg, Neurontin 300mg, Terocin, and Theramine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 ACUPUNCTURE SESSIONS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** As noted in the Acupuncture Medical Treatment Guidelines, Acupuncture frequency of 1 to 3 times per week with an optimum duration of 1 to 2 months is supported. The

expected time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. The documentation indicates the patient attended a total of 6 sessions of acupuncture, however, there was no indication of the functional improvement obtained as a result. As such, the request for 18 acupuncture sessions is not recommended as medically necessary.

**FLEXERIL 10MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Page(s): 41.

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management and also indicating a lack of efficacy if being utilized for chronic flare-ups. However, it is believed that the Flexeril has been discontinued. As such, the medical necessity of Flexeril 10MG #30 cannot be established at this time.

**NORCO 10/325 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The clinical documentation dated 02/2014 indicates attempts to wean narcotics by decreasing Norco 10% with a decrease to Norco 10/325mg 1 tablet TID. Current guidelines indicate ongoing attempts to wean the patient from the opioid medications must be made and documented. Current guidelines recommend to taper by 20 to 50% per week of original dose for patients who are not addicted and are on relatively low doses (the patient needs 80% of the previous day's dose to prevent withdrawal); a slower suggested taper is 10% every 2 to 4 weeks, slowing to a reduction of 5% once a dose of 1/3 of the initial dose is reached. This reviewer would recommend a 90 day period for weaning before reviewing the patient's medications. As such, this reviewer recommends the medical necessity of Norco 10/325 MG #60 at this time.

**NEURONTIN 300MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS Page(s): 49.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gabapentin Section.

**Decision rationale:** As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, Neurontin is considered as a first-line treatment for neuropathic pain. The clinical note dated 01/14/14 indicated the patient complained of pain radiating to the right lower extremity and right heel consistent with neuropathic pain. As such, the request for Neurontin 300mg #60 is recommended as medically necessary.

**TEROCIN 120ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

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

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation indicates the patient is currently utilizing Neurontin. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Therefore Terocin 120ml cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

**THERAMINE #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medical Food Section.

**Decision rationale:** As noted in the Pain chapter of the Official Disability Guidelines (ODG), the use of herbal medicines or medical foods is not recommended. Medical foods do not have to be registered with the United States Federal Drug Administration. There is no indication in the documentation that the patient has failed previous prescription medications or has obvious contraindications that would indicate a need to attempt alternative treatment methods. Additionally, there is no indication that the patient cannot utilize the over-the-counter version of

this medication. As such, the request for Theramine #90 cannot be recommended as medically necessary.