MAXIMUS Federal Services

Case Number:	CM13-0021659		
Date Assigned:	11/13/2013	Date of Injury:	02/14/2006
Decision Date:	01/07/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases>, 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 physician 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 47-year-old male who reported a work-related injury on 02/14/2006 due to lifting a wet trash bag. The patient reported continuous trauma from 02/15/2006 through 02/01/2008 in which he developed continuing pain in the neck, shoulders, arms, headaches, and right leg pain that extended to the right foot. The patient underwent physical therapy and an MRI of the cervical spine revealed disc protrusion. The patient's medications include Norco, Soma, Ativan, Fioricet, and Esgic. He was declared MMI in 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 4 weeks for the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the physician's report dated 08/20/2013, the patient had complaints of continuous headaches and continuous pain in his neck becoming sharp and shooting to his arms and legs and top of the head. He reported numbness and tingling in his shoulders and arms. The patient reported stiffness in his neck with pain that was aggravated when he tilted his head up and down or moved his head from side to side. He stated his pain

increased with prolonged sitting and standing and he had difficulty sleeping. The patient reported that medication provided him pain improvement but he remained symptomatic. He also complained of intermittent pain in the shoulders that radiated to his hands. The patient had complaints of continuous pain in his right leg with pain radiating to his right calf and foot with episodes of numbness and tingling in the leg. The patient reported bouts of depression, stress, and anxiety with feelings of anger because he has difficulty doing his activities of daily living. Physical exam of the cervical spine revealed tender paravertebral muscles with a spasm. Sensory examination showed no deficit in any of the dermatomes of the upper extremities to pinprick or light touch and motor strength was normal. Range of motion of the cervical spine was decreased. The impression was noted as cervicogenic headaches. The California Medical Treatment Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is a lack of documentation submitted noting that the patient was not tolerating his pain medications. He was reportedly taking multiple medications, which he reported provided him pain improvement. In addition, the patient was not noted to be in physical rehabilitation and surgical intervention was not reported to be planned for the patient. As such, per submitted documentation, the patient does not meet the Guideline criteria for acupuncture treatments. Therefore, the request for Acupuncture 3 times a week for 4 weeks for the neck is non-certified.

Prescription Fioricet 550-325/40mg 1 tab three times a day (TID) as needed (prn): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain..

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, Barbituate containing analgesic agents..

Decision rationale: According to the physician's report dated 08/20/2013, the patient had complaints of continuous headaches and continuous pain in his neck becoming sharp and shooting to his arms and legs and top of the head. He reported numbness and tingling in his shoulders and arms. The patient reported stiffness in his neck with pain that was aggravated when he tilted his head up and down or moved his head from side to side. He stated his pain increased with prolonged sitting and standing and he had difficulty sleeping. The patient reported that medication provided him pain improvement but he remained symptomatic. He also complained of intermittent pain in the shoulders that radiated to his hands. The patient had complaints of continuous pain in his right leg with pain radiating to his right calf and foot with episodes of numbness and tingling in the leg. The patient reported bouts of depression, stress, and anxiety with feelings of anger because he has difficulty doing his activities of daily living. Physical exam of the cervical spine revealed tender paravertebral muscles with a spasm. Sensory examination showed no deficit in any of the dermatomes of the upper extremities to pinprick or light touch and motor strength was normal. Range of motion of the cervical spine was decreased. The impression was noted as cervicogenic headaches. The Official Disability Guidelines indicate that barbiturates containing analgesic agents such as Fioricet are not recommended for chronic pain. The potential for drug dependence is high and there is no

evidence to show a clinically important enhancement of analgesic efficacy of barbiturate containing analgesic agents due to the barbiturate constituents. Fioricet is commonly used for acute headache, with some data to support it, but there are risks of medication overuse as well as rebound headache. Therefore, the request for prescription Fioricet 50/325/40mg 1 tab three times a day (TID) as needed (prn) is non certified.

Prescription Soma: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: According to the physician's report dated 08/20/2013, the patient had complaints of continuous headaches and continuous pain in his neck becoming sharp and shooting to his arms and legs and top of the head. He reported numbness and tingling in his shoulders and arms. The patient reported stiffness in his neck with pain that was aggravated when he tilted his head up and down or moved his head from side to side. He stated his pain increased with prolonged sitting and standing and he had difficulty sleeping. The patient reported that medication provided him pain improvement but he remained symptomatic. He also complained of intermittent pain in the shoulders that radiated to his hands. The patient had complaints of continuous pain in his right leg with pain radiating to his right calf and foot with episodes of numbness and tingling in the leg. The patient reported bouts of depression, stress, and anxiety with feelings of anger because he has difficulty doing his activities of daily living. Physical exam of the cervical spine revealed tender paravertebral muscles with a spasm. Sensory examination showed no deficit in any of the dermatomes of the upper extremities to pinprick or light touch and motor strength was normal. Range of motion of the cervical spine was decreased. The impression was noted as cervicogenic headaches. The California Chronic Pain Medical Treatment Guidelines indicate Soma is not recommended and is not indicated for long-term use. Abuse has been noted for this medication for its sedative and relaxant effects. There was a lack of documentation noting the length of time the patient has been taking Soma. This medication is a sedating muscle relaxant apparently being utilized for long-term treatment of chronic pain. The documentation presented for review does not indicate the patient had acute pain or an acute exacerbation of chronic pain. Therefore, the request for prescription Soma is non-certified.