

<b>Case Number:</b>	CM13-0034944		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/30/2010
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 51-year-old female who reported an injury on 10/30/2010. The patient is currently diagnosed with cervical discogenic disease, cervical facet arthropathy, chronic cervical spine strain and sprain, lumbar discogenic disease, chronic low back pain, bilateral shoulder impingement syndrome and subacromial bursitis, bilateral carpal tunnel syndrome, and chronic pain syndrome. The patient was seen by [REDACTED] on 07/23/2013. The patient reported 8-9/10 chronic cervical spine pain, low back pain, bilateral shoulder pain, bilateral hand and wrist pain, and paresthesia. Physical examination revealed spasm, restricted range of motion, positive facet tenderness, radiculopathy bilaterally at C5-7, decreased sensation at C5-7, tenderness to palpation at the cervical trapezial ridge, painful axial loading, 5/5 motor strength in bilateral upper extremities and lower extremities, positive impingement sign bilaterally, painful range of motion of bilateral shoulders, positive Tinel's, Phalen's and Durkan's testing bilaterally, small effusion, restricted lumbar range of motion, positive straight leg raising, and decreased sensation bilaterally at L3 through S1. Treatment recommendations included a rheumatoid factor and anti-CLP to rule out rheumatoid arthritis, continuation of current medications, an epidural steroid injection, acupuncture treatment, and TENS therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain over multiple areas of the body. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

**Flexeril #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time. Cyclobenzaprine is not recommended for longer than 2 to 3 weeks. As per the clinical notes submitted, the patient has continuously utilized a muscle relaxant. Despite the ongoing use, the patient continues to report high levels of pain, and demonstrates palpable muscle spasm in both the cervical and lumbar spine. As guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

**A rheumatoid factor, anti-CLP:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.labtestsonline.com](http://www.labtestsonline.com), Lab Tests Online, HON code standard for trustworthy health information. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on November 1, 2011.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state the need for discussion and information varies among patients and at various stages of care. Labeling nonspecific

conditions should be avoided. In the absence of red flags, the occupational health practitioner should discuss with the patient objective information about the natural history of the acute complaint and particular diagnosis, the generally favorable outlook for recovery, the timeline for recovery, testing and treatment options, and a safe return to work as a primary expectation. As per the clinical notes submitted, the patient's physical examination does not reveal warm, swollen joints, stiffness, or development of nodules under the skin. There are no subjective complaints of stiffness, fatigue, or fever. The medical necessity for the requested service has not been established. As such, the request is non-certified.

**Acupuncture:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. As per the clinical notes submitted, the patient does demonstrate restricted range of motion, spasm, and tenderness to palpation of both the cervical and lumbar spine. However, the duration, quantity, and frequency of acupuncture treatment was not specified in the request. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.