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| <b>Case Number:</b>   | CM13-0037151 |                              |            |
| <b>Date Assigned:</b> | 12/18/2013   | <b>Date of Injury:</b>       | 03/11/2011 |
| <b>Decision Date:</b> | 02/03/2014   | <b>UR Denial Date:</b>       | 10/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/23/2013 |

### 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 Physical Therapy and Rehabilitation 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 55-year-old female who reported an injury on 03/11/2011. The patient is currently diagnosed with thoracic back pain, degenerative disc disease, dextroscoliosis, facet arthropathy, fracture of the middle proximal 3rd phalanx in the right middle finger and sprain in the thoracic region. The patient was seen on 12/02/2013. The patient reported 5-6/10 pain. Physical examination revealed no acute distress, 5/5 bilateral upper extremity strength, intact sensation, tenderness over the cervical paraspinals and trapezius muscles, significant muscle spasms, trigger point tenderness in the bilateral trapezius, tenderness over the facet joints and reduced cervical range of motion. Treatment recommendations included the continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued acupuncture session 1x8 (thoracic):** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state 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. The time to produce effect includes 3 to 6 treatments with a frequency of 1 to 3 times per week. An optimum duration includes 1 to 2 months. Acupuncture treatment may be extended if functional improvement is documented. As per the clinical notes submitted, the patient has completed multiple sessions of acupuncture treatment. Despite previous treatment, the patient continues to report 5-6/10 pain with functional limitations. The patient's acupuncture progress report dated 11/01/2013 indicated 5/10 pain with increased tightness and pain with extended standing, walking and stooping. Satisfactory response to treatment has not been indicated by a significant functional improvement or a decrease in pain level. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.

**Prospective uage of Neurontin 300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

**Decision rationale:** The California MTUS Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. As per the clinical notes submitted, the patient was issued a prescription for Neurontin 300 mg on 11/04/2013. Despite the ongoing use, the patient continued to report 5-6/10 pain with functional limitations. Physical examination revealed 5/5 motor strength, intact sensation and 2+ symmetric deep tendon reflexes. There was no evidence on physical examination of a neurological deficit. Therefore, the medical necessity has not been established. As such, the request is non-certified.