

<b>Case Number:</b>	CM13-0058324		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 52-year-old male who was reportedly injured on 5/23/2013. The mechanism of injury was noted as a lifting injury. The most recent progress note dated 9/3/2013, indicated that there were ongoing complaints of low back pain, which radiated in the right leg. The physical examination was handwritten and partially illegible. There were lumbar spine tenderness to palpation to the paravertebral musculature, guarding, positive straight leg raise of the right lower extremity and decreased sensation in the right lower extremity along L5-S1 nerve root. There were no recent diagnostic studies available for review. Previous treatment included acupuncture, chiropractic services physical therapy and medications. A request had been made for acupuncture 2 x week for 3 weeks, Fexmid 7.5 mg #60, a computed tomography scan of the lumbar spine, Norco 2.5/325 mg #60 and was not certified in the pre-authorization process on 10/22/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL ACUPUNCTURE 2 X WEEK FOR 3 WEEKS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 13.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support acupuncture when it is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. After reviewing the medical records provided, the injured worker has had acupuncture in the past, with no documented findings of reduced pain or increase in function. Therefore, the request for continued acupuncture is not medically necessary.

**FEXMID 7.5MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64.

**Decision rationale:** The California Medical Treatment Utilization Schedule supports the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the injured workers' date of injury and clinical presentation, the guidelines do not support this request for continued long use of this medication. As such, the request is not medically necessary.

**CT SCAN OF LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** Myelography, including computed tomography myelography, is recommended only in uncommon specific situations (e.g., implanted metal that precludes magnetic resonance imaging, equivocal findings of disc herniation on magnetic resonance imaging suspected of being false-positives, spinal stenosis and/or a post-surgical situation that requires myelography). After review of the medical records provided, it was noted the patient possibly had metal fragments in the injured worker's eye. However, with limited documentation of the claimant's current history as well as objective physical findings on exam, this request is not medically necessary.

**NORCO 2.5/325MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE OF OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured worker suffered from chronic low back pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not medically necessary.