

<b>Case Number:</b>	CM13-0060680		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 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 injured worker is a 53-year-old female who reported an injury on 07/09/2012. The mechanism of injury was not provided for clinical review. The diagnoses included cervical myoligamentous sprain/strain, cervical discogenic disease, carpal tunnel syndrome, De Quervain's left wrist, double crush syndrome. Previous treatment included chiropractic therapy, acupuncture, TENS unit, and medication. Within the clinical note dated 11/21/2013, it was reported that the injured worker complained of severe pain across the neck arms, hands, fingers, and thumbs. The injured worker rated her pain 6/10 to 7/10 in severity. The injured worker reported having 6 sessions of chiropractic treatment and 6 sessions of acupuncture. Upon the physical examination of the cervical spine, the provider noted spasms, pain, and decreased range of motion. There was facet tenderness; weakness in the biceps and triceps at 4/5; and radiculopathy bilaterally at C5-7. The provider indicated the injured worker had a positive Tinel's and Phalen's of the wrists and hands. The provider requested Flexeril, Xanax, Norco, Neurontin, Prilosec, chiropractic sessions, and acupuncture sessions. However, rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFILL OF FLEXERIL 7.5 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** The injured worker complained of severe pain across the neck, arms, hands, fingers, and thumbs. She rated her pain 6/10 to 7/10 in severity. The Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the injured worker was treated for or diagnosed with muscle spasms. There is a lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. Additionally, the injured worker has been utilizing the medication since at least 03/2013, which exceeds the guidelines' recommendation of short-term use. The request submitted failed to provide the frequency of the medication. Therefore, the request for a refill of Flexeril 7.5mg is not medically necessary.

**REFILL XANAX 7.5 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The injured worker complained of severe pain across the neck, arms, hands, fingers, and thumbs. She rated her pain 6/10 to 7/10 in severity. The Chronic Pain Medical Treatment Guidelines do not recommend Xanax for long-term use due to the long-term efficacy is unproven and there is a risk of dependence. The guidelines recommend the limited use of Xanax to 4 weeks. The injured worker has been utilizing the medication for an extended period of time since at least 03/2013, which exceeds the guidelines' recommendations. There is a lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request for a refill of Xanax 7.5mg is not medically necessary.

**REFILL NORCO 10/325 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The injured worker complained of severe pain across the neck, arms, hands, fingers, and thumbs. She rated her pain 6/10 to 7/10 in severity. The Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or infusion treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request submitted does not provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided for clinical review. The injured worker has been utilizing the medication since at least 03/2013. Therefore, the request for a refill of Norco 10/325mg is not medically necessary.

**NEURONTIN 600 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** The injured worker complained of severe pain across the neck, arms, hands, fingers, and thumbs. She rated her pain 6/10 to 7/10 in severity. The Chronic Pain Medical Treatment Guidelines note gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and had been considered as a first-line treatment for neuropathic pain. There is a lack of documentation indicating the injured worker is treated for or diagnosed with neuropathic pain. There is a lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time, since at least 03/2013. The request submitted failed to provide the frequency of the medication. Therefore, the request for Neurontin 600mg is not medically necessary.

**PRILOSEC:** 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), Proton Pump Inhibitors (PPI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The injured worker complained of severe pain across the neck, arms, hands, fingers, and thumbs. She rated her pain 6/10 to 7/10 in severity. The Chronic Pain Medical Treatment Guidelines note proton pump inhibitors such as Prilosec are recommended for injured workers at risk for gastrointestinal events, and/or cardiovascular disease. Risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk

factors for gastrointestinal bleeding, proton pump inhibitors are not indicated when taking NSAIDs. The treatment for dyspepsia for NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. The documentation submitted does not indicate the injured worker had a history of peptic ulcer, gastrointestinal bleed, or perforation. It did not appear the injured worker is at risk for gastrointestinal events. There is a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. The request submitted failed to provide the efficacy of the medication, as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity of the medication. The injured worker has been utilizing the medication since at least 03/2013. Therefore, the request for Prilosec is not medically necessary.

**CHIROPRACTIC SESSIONS TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

**Decision rationale:** The injured worker complained of severe pain across the neck, arms, hands, fingers, and thumbs. She rated her pain 6/10 to 7/10 in severity. The Chronic Pain Medical Treatment Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual therapy is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program, and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with the evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. There is a lack of documentation indicating the injured worker had significant objective functional improvement with prior therapy. The provider failed to document an adequate and complete physical examination, demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength and flexibility. In addition, the submitted request does not specify a treatment site. Therefore, the request for chiropractic sessions twice a week for four weeks is not medically necessary.

**ACUPUNCTURE SESSIONS TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS:** Upheld

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

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

**Decision rationale:** The request for acupuncture sessions 2 times a week for 4 weeks is non-certified. The injured worker complained of severe pain across the neck, arms, hands, fingers, and thumbs. She rated her pain 6/10 to 7/10 in severity. The guidelines note acupuncture 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease side effects of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasms. 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 treatments may be extended if functional improvement is documented. There is a lack of documentation indicating the injured worker's previous treatment of acupuncture and the efficacy. The guidelines note optimum duration includes 1 to 2 months; however, the submitted request exceeds the timeframe. Therefore, the request for acupuncture sessions twice a week for four weeks is not medically necessary.