

<b>Case Number:</b>	CM13-0061759		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Family Medicine and is licensed to practice in Utah. 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 53 year old female. The patient's date of injury is 08/01/2013. The mechanism of injury is pulling case carts off of a lift. The patient has been diagnosed with neck pain, upper back cervical strain and shoulder pain. The patient's treatments have included physical therapy, medications, and acupuncture. The physical exam findings show tenderness in the right upper trapezius muscle and the right side of the neck to occipital area, tenderness is also noted in the pectoralis muscle and the patient has limited motion. Medications include, but are not limited to, Skelaxin, Tylenol and Tramadol, Fioninal, Relafen, Etodolac. The clinical documents state that the patient states that acupuncture is helpful with the pain, but there are no acupuncture notes in the clinical documents. This medication was used for previous to 10/10/13, but exact start dates are unclear according to the clinical records. Tramadol was noted as not helping the patient in the clinical documents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions (cervical, right shoulder) 1x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for acupuncture MTUS guidelines state the following: 9792.23.1. Neck and Upper Back Complaints (b) In the course of treatment for neck and upper back complaints where acupuncture or acupuncture with electrical stimulation is being considered, the acupuncture medical treatment guidelines in section 9792.24.1 shall apply and supersede the text in the ACOEM chapter referenced in subdivision (a) above relating to acupuncture. According to the clinical documentation provided and current MTUS guidelines; acupuncture is not indicated a medical necessity to the patient at this time, as the patients has surpassed the optimum duration period of 1 to 2 months. The clinical documents are also lacking in progress notes of the acupuncture, which would show if the patient was functionally improving from the sessions or not.

**Prospective usage of Fiorinal:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Fiorinal. MTUS guidelines state the following: Barbiturate-containing analgesic agents (BCAs) not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman,1987). According to the clinical documentation provided and current MTUS guidelines; Fiorinal is not indicated a medical necessity to the patient at this time.

**Prospective usage of Tramadol:** 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): 74-75,80.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Tramadol. The current guidelines do recommend opioids use for chronic pain. Failure to respond to a time-limited course of opioids leads to the suggestion of reassessment and consideration of alternative therapy. Notes from 10/24/13 indicate that the Tramadol was not helping the patient. The provider recommended other medications at that time. There is a lack of documentation of risk profile, attempt to wean, urine drug screens, and pain contract. According to the clinical documentation

provided and current MTUS guidelines; Tramadol is not indicated a medical necessity to the patient at this time.

**Prospective usage of Skelaxin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin®), Muscle relaxants (for pain) Page(s): 61, 63-65.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Tramadol. The current guidelines do recommend opioids use for chronic pain. Failure to respond to a time-limited course of opioids leads to the suggestion of reassessment and consideration of alternative therapy. Notes from 10/24/13 indicate that the Tramadol was not helping the patient. The provider recommended other medications at that time. There is a lack of documentation of risk profile, attempt to wean, urine drug screens, and pain contract. According to the clinical documentation provided and current MTUS guidelines; Tramadol is not indicated a medical necessity to the patient at this time.

**Prospective usage of Relafen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Relafen. MTUS guidelines state the following: Nabumetone (Relafen®, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of nabumetone should be sought for each patient. Use for moderate pain is off-label. (Relafen® Package Insert) . According to the clinical documents, the patient is also using Etodolac. The clinical documents are lacking evidence that Etodolac is not effective. It is unclear at this time why a second NSAID was prescribed. According to the clinical documentation provided and current MTUS guidelines; Relafen is not indicated as a medical necessity to the patient at this time.