

<b>Case Number:</b>	CM13-0063042		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/28/2000
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Medicine & Rehabilitation has a subspecialty in Pain Management 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 reported an injury on 06/28/2000. The mechanism of injury was noted to be a fall. She is diagnosed with status post multiple lumbar surgeries with fusion from L4 to sacrum, right foot drop, bilateral shoulder strain, left wrist flexor tendonitis, and cervical strain. Her symptoms are noted to include pain in her neck, right shoulder, left shoulder, left wrist, and low back with radiation down her bilateral lower extremities. The only clinical note provided was dated 11/13/2013. It was indicated that the patient was not using medications at the time of the visit. Her physical examination revealed slightly decreased range of motion and cervical extension and bilateral rotation and in the shoulder, and normal motor strength at 5/5 in her bilateral upper and lower extremities. A recommendation was made for medication and acupuncture therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture twice a week for four weeks for the lumbar spine:** Upheld

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

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

**Decision rationale:** According to the California MTUS Acupuncture Guidelines, this treatment may be recommended for patients with intolerance to medications or for whom medications are

reduced. It is further specified that the treatment needs to be used as an adjunct to physical rehabilitation and/or surgical intervention to promote functional recover. The guidelines state that when treatment is appropriate, the number of visits needed to produce functional improvement is 3 to 6 treatments. It then states that treatment may be extended with evidence of functional improvement. The clinical information submitted for review indicates that the patient does have functional deficits in multiple body areas. Her treatment plan was noted to include prescription medications including Omeprazole 20 mg, Tramadol 50 mg, and Cyclobenzaprine 10 mg. There is no documentation indicating that the patient has intolerance for medication or that medications are being reduced. Additionally, the documentation does not indicate whether the patient would be concurrently involved in a therapeutic exercise program, or other physical rehabilitation programs. Additionally, there was no documented plan for surgical intervention. In the absence of these details and as acupuncture is only recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention, the request is not supported. Additionally, the request for acupuncture twice a week for 4 weeks exceeds the guidelines recommendation of an initial 3 to 6 visits. For these reasons, the request is not supported.

**Omeprazole 20mg #60:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients taking NSAID medications with reports of dyspepsia or for those who have been found to be at significant risk for gastrointestinal events. The clinical information submitted for review failed to show evidence that the patient was utilizing an NSAID medication. Additionally, it was not noted that she had reported symptoms of dyspepsia related to medication use or was found to be at high risk for gastrointestinal events. Therefore, the request for Omeprazole is not supported.

**Cyclobenzaprine HL 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** According to the California MTUS Guidelines, Cyclobenzaprine is recommended as an option, but only for a short course of therapy. It was noted that cyclobenzaprine has been shown to be more effective than placebo in the management of back pain; however, with only modest effect and significant adverse effects. Therefore, short courses of therapy are recommended. The clinical information submitted indicated that the patient had not been using medications prior to her 11/13/2013 visit and a recommendation was made for a

prescription for Cyclobenzaprine 10 mg #60. However, it is not documented how the patient would be using this medication, including whether it will only be for a short course. The requested quantity suggests that the patient would be taking the medication 2 times per day for 30 days which exceeds the guidelines recommendations of a very short course of therapy. Due to the lack of details regarding the patient's recommended use of Cyclobenzaprine, the request is not supported.