

<b>Case Number:</b>	CM13-0070470		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Occupational Medicine 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 applicant is represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, low back pain, finger pain, and arm pain reportedly associated with an industrial assault injury of October 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; various interventional spine procedures; normal electrodiagnostic testing of the cervical spine and bilateral upper extremities of August 13, 2013; and negative CT scan of the cervical spine of May 30, 2013. In a utilization review report of November 22, 2013, the claims administrator certified a pain management consultation, certified a follow-up evaluation, certified ibuprofen, certified tramadol, certified Tizanidine, partially certified a request for 12 sessions of acupuncture as 8 sessions of acupuncture, and denied a request for Fioricet. The applicant's attorney subsequently appealed. It was incidentally noted that the claims administrator did cite outdated 2007 MTUS Acupuncture Guidelines in its decision. The applicant's attorney subsequently appealed. A clinical progress note of December 5, 2013, is handwritten, sparse, and is notable for comments that the applicant apparently is using tramadol and ibuprofen for pain relief. There is no use of preprinted checkboxes as opposed to furnishing narrative commentary. The applicant does report neck pain and headaches. The applicant is stressed and anxious. A 12-session course of acupuncture is sought. On November 19, 2013, the applicant's primary treating provider (PTP) noted that the applicant had a recent exacerbation in neck pain and shoulder pain, ranging from 6 to 8/10. The applicant is having difficulty sleeping, it was stated. Ambien was endorsed while the applicant was placed off of work, on total temporary disability. On November 7, 2013, the applicant was described as formally working regular duty work. The applicant apparently complained of a flare-up of pain and was given two weeks off of work to recover. She is placed off of work, on

total temporary disability and given prescriptions for Motrin, tramadol, Tizanidine, and Fioricet with two refills a piece.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **THE REQUEST FOR TWELVE (12) ACUPUNCTURE SESSIONS: Upheld**

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

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

**Decision rationale:** It appears that the applicant has had prior unspecified amounts of acupuncture over the life of the claim, based on a survey of the file. The claims administrator, furthermore, partially certified four sessions of acupuncture in its utilization review report of November 22, 2013. MTUS 9792.24.1c1 states that the time needed to produce functional improvement following introduction of acupuncture is three to six treatments. Additional acupuncture cannot be approved at this time until/unless it is clearly stated that the applicant has affected a favorable response to the earlier acupuncture previously certified by the claims administrator as defined by the parameters established in MTUS 9792.20f. Therefore, the request for additional sessions of acupuncture is not certified.

#### **THE REQUEST FOR FIORICET #45 WITH TWO (2) REFILLS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesics Section Page(s): 23.

**Decision rationale:** Fioricet is a barbiturate containing analgesic. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate containing analgesics are not recommended for chronic pain as the potential for drug dependence is high. There is no evidence to support efficacy of the barbiturate containing analgesics over other medications. In this case, the applicant is in fact using numerous other agents, including Motrin, tramadol, Fioricet, etc., effectively obviating the need for Fioricet. Accordingly, the request is not certified, on independent medical review.