

<b>Case Number:</b>	CM13-0070895		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 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 a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of August 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; muscle relaxants; and work restrictions. It is unclear whether the applicant is in fact working, however. In a Utilization Review Report of November 27, 2013, the claims administrator approved a request for Naprosyn, denied a request for Cyclobenzaprine, denied a request for Omeprazole, and denied a request for tramadol. The applicant's attorney subsequently appealed. It is incidentally noted that the claims administrator cited the outdated/mislabeled/renumbered MTUS Regulation 9792.20e. The applicant's attorney subsequently appealed. A handwritten clinical progress note of October 4, 2013 is sparse, somewhat difficult to follow, employs preprinted checkboxes rather than furnished any narrative commentary, is notable for ongoing neck and low back pain. The applicant's physical exam was unchanged. The applicant was asked to obtain a pain management consultation, obtain eight additional sessions of physical therapy, obtain functional capacity testing, and return to modified work. Various prescriptions, including Flexeril, Naprosyn, Prilosec, and tramadol were renewed. On July 16, 2013, a medical-legal evaluator noted that the applicant had had prior acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS TO THE NECK AND SHOULDERS: Upheld**

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

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

**Decision rationale:** As noted in the Acupuncture Medical Treatment Guidelines, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there is no evidence of functional improvement as defined in section 9792.20f. The applicant has seemingly failed to return to work. Rather proscriptive limitations remain in place. The applicant remains highly reliant on acupuncture, physical therapy, medications, and various other treatments. Therefore, the request is not certified, on Independent Medical Review.

**CYCLOBENZAPRINE 7.5 MG #90: Upheld**

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

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic and adjuvant medications. Adding Cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request is not certified, on Independent Medical Review.

**OMEPRAZOLE 20 MG #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does note that proton pump inhibitors such as Omeprazole can be employed in the treatment of NSAID-induced dyspepsia, in this case, however, the documentation on file is sparse, handwritten, quite difficult to follow, and does not establish the presence of any issues with dyspepsia, reflux, and/or heartburn, either NSAID-induced or standalone. Therefore, the request is not certified, on Independent Medical Review.

**TRAMADOL ER 150 MG #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Section Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, however, the applicant has failed to meet any of the aforementioned criteria. The applicant does not appear to have returned to work. The sparse progress notes on files do not establish the presence of appropriate analgesia and/or improved performance of activities of daily living achieved as a result of ongoing tramadol usage, either. Therefore, the request is likewise not certified, on Independent Medical Review.