

<b>Case Number:</b>	CM14-0008709		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	10/29/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Internal 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 injured worker is a 40-year-old male, who was injured on 10/29/10 while lifting a heavy box, resulting in an injury to his low back. The current diagnoses include lumbar discogenic disease, lumbar radiculopathy, and chronic low back pain. The clinical note dated 12/05/13 indicates that the injured worker presented complaining of back and left lower extremity pain. The documentation indicates a total of twelve (12) physical therapy sessions have been completed. It is also noted that the injured worker made significant strides with acupuncture to include improved pain, decreased medication use, as well as functional improvement. Following the discontinuation of acupuncture, the injured worker has become dependent on medications. A physical examination of the lumbar spine reveals spasm, Lasegue's positive on the left, decreased range of motion, straight leg raise positive on the left, motor strength intact bilaterally, and pain noted at S1 on the left. The medications include Norflex 100mg three (3) times daily, Mobic 15mg daily, Ultracet one to two (1-2) three (3) times daily, and Vicodin 5/500mg one to two (1-2) twice daily. The prior treatments include lumbar epidural steroid injection, physical therapy, acupuncture, and medication management. The initial request for Norflex 100mg tablets, quantity 90, Ultracet tablets, quantity 180, Vicodin 5/500mg, quantity 120, and acupuncture sessions, twelve (12) visits was initially denied on 01/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORFLEX 100MG TABLETS # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** The Chronic Pain Guidelines indicate that muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured patient has exceeded the two to four (2-4) week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Norflex 100 mg tablets #90 cannot be established at this time.

**ULTRACET TABLETS #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** The Chronic Pain Guidelines indicate that patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Ultracet tablets #180 cannot be established at this time.

**VICODIN 5/500MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** The Chronic Pain Guidelines indicate that patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Vicodin 5/500 #120 cannot be established at this time.

**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:** The Acupuncture Medical Treatment Guidelines indicate that the frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed 1 to 3 (1-3) times per week with an optimum duration over 1 to 2 (1-2) months. The guidelines indicate that the expected time to produce functional improvement is 3 to 6 (3-6) treatments. Acupuncture treatments may be extended if functional improvement is documented. The documentation indicates the injured patient experienced significant functional improvement with acupuncture therapy; however, the request for twelve (12) sessions exceeds normal limits. This reviewer is in agreement with the prior modification to allow for six (6) sessions of acupuncture to reassess for continued objective findings consistent with improvement in addition to functional improvement prior to further approval. As such, the request for acupuncture sessions, twelve (12) visits cannot be recommended as medically necessary.