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| <b>Case Number:</b>   | CM14-0009117 |                              |            |
| <b>Date Assigned:</b> | 02/14/2014   | <b>Date of Injury:</b>       | 09/17/2009 |
| <b>Decision Date:</b> | 08/18/2014   | <b>UR Denial Date:</b>       | 12/31/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/23/2014 |

### 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 Physical Medicine and Rehabilitation, 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 53-year-old female who reported an injury on 9/17/09. The mechanism of injury was not provided for review. On 6/23/14, the injured worker presented with complaints of neck and left shoulder pain. Current medications included Topomax and Norco. Upon examination the injured worker appeared anxious and in distress; she wore her sunglasses during the appointment. The diagnoses were neck sprain/strain unstable and myofascial pain (unstable).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ACUPUNCTURE TWO TIMES PER WEEK FOR THREE WEEKS TO THE LEFT SHOULDER: Upheld**

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

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

**Decision rationale:** The California MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and it must be used as an adjunct to physical rehabilitation and with surgical intervention to hasten recovery. The frequency and duration of recommended therapy is 3 to 6 treatments for 1 to 3 times a week with an optimum duration of 1 to 2 months. The medical documentation lacks evidence of the

injured worker's reduction of medication or an intolerance to medication. Additionally, there was lack of evidence of a surgical intervention to hasten functional recovery with the use of acupuncture therapy. As such, the request is not medically necessary.

**LYRICA 100 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that Lyrica has proven to be effective for diabetic painful neuropathy and post herpetic neuralgia. It is considered a first line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepileptics depend on improved outcomes versus tolerability of adverse effects. The included documentation state that the injured worker has failed a trial of Lyrica. The provider's rationale for additional prescription of Lyrica was not provided. Additionally, the provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.

**ACUPUNCTURE TWO TIMES PER WEEK FOR THREE WEEKS TO THE NECK:**  
Upheld

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

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

**Decision rationale:** The California MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and it must be used as an adjunct to physical rehabilitation and with surgical intervention to hasten recovery. The frequency and duration of recommended therapy is 3 to 6 treatments for 1 to 3 times a week with an optimum duration of 1 to 2 months. The medical documentation lacks evidence of the injured worker's reduction of medication or an intolerance to medication. Additionally, there was lack of evidence of a surgical intervention to hasten functional recovery with the use of acupuncture therapy. As such, the request is not medically necessary.

**TOPAMAX 25 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that Topamax has been shown to be effective for diabetic painful neuropathy and post herpetic neuralgia. It has been considered a first line treatment for neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function as well of documentation of side effects incurred with use. The continued use of antiepileptics depend on improved outcomes versus tolerability and adverse effects. The injured worker has been prescribed Topamax since at least May 2014, the efficacy of the medication was not documented. Additionally, the provider's request does not indicate the frequency of the medication and the request as submitted. As such, the request is not medically necessary.

**TYLENOL #3 #40:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment in the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.