

<b>Case Number:</b>	CM14-0103867		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/05/2014
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49 year old female with an injury date on 03/05/2014. Based on the 06/02/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical Radiculopathy 2. Lumbar Radiculopathy 3. Contusion of face, scalp and neck except eye 4. Open wound of face not otherwise specified 5. Head injury not otherwise specified 6. Closed fracture of middle or proximal phalanges of hand According to this report, the patient complains of headaches, neck pain and knuckle pain of the left middle finger. The patient has no significant improvement since last exam, and is currently undergoing therapy. Tenderness to palpation and spasm were noted at the cervical/ lumbar para-spinals muscles. Cervical and lumbar ranges of motion are slightly decreased.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture three (3) times a week for four (4) weeks for the Neck and Left Hand:** Upheld

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

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

**Decision rationale:** CA MTUS guidelines page 8 recommend acupuncture for pain suffering and restoration of function. The recommended frequency and duration is 3 to 6 treatments to produce functional improvement, with optimal duration of 1 to 2 months. The current request is for 12 additional sessions but the treating physician does not explain how the patient responded to acupuncture thus far. There is no discussion of acupuncture treatment history either to know how many treatments the patient has had. The request is not medically necessary.

**Carisoprodol 350mg (take 1 tab BID):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Medical Treatment Guidelines MTUS page 29.

**Decision rationale:** According to the 06/02/2014 report by [REDACTED] this patient presents with of headaches, neck pain and knuckle pain in the left middle finger. The treating physician is requesting Carisoprodol 350mg (take 1 tab BID). Review of reports from 04/08/2014 to 06/11/2014; show that the patient has been taking Carisoprodol since 04/08/2014. Regarding this medication, MTUS page 29 states Not recommended. This medication is not indicated for long-term use. The treating physician current request for on-going use of this medication is not supported by the MTUS. The request is not medically necessary.

**Fioricet 50-300-40 mg (take 1 tab q 4 hours a day):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet: Barbiturate-containing analgesic agents (BCAs).

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

**Decision rationale:** According to the 06/02/2014 report by [REDACTED] this patient presents with of headaches, neck pain and knuckle pain in the left middle finger. The treating physician is requesting Fioricet 50-300-40 mg. Review of reports from 04/08/2014 to 06/11/2014; show that the patient has been taking Fioricet since 04/08/2014. Regarding this medication, ODG guidelines state Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. The request is not medically necessary.