

<b>Case Number:</b>	CM14-0019681		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Orthopedic Surgery 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 claimant is a 58-year-old female who was injured on October 16, 2012. The April 7, 2014 document indicates that acupuncture was "very helpful in the past," but the claimant does not elaborate on this to indicate if there was improvement in pain control or functional improvement. A transforaminal epidural steroid injection is documented as having been performed in February 4, 2014 the claimant noted 50-80% overall improvement for 2 months. However, on this visit the claimant rates the pain as 8/10 with medication and 10/10 without. The physical examination documents tenderness to palpation over the spinous processes from L4-S1. This is the extent of the physical examination provided. Previous EMG/NCV studies are documented as having been performed on April 19, 2013 and demonstrated bilateral median neuropathies and bilateral ulnar neuropathies at the wrist. An MRI of the lumbar spine was obtained on August 1, 2013 and is documented as showing mild disc desiccation at L4-5 with mild stenosis. Diagnoses include lumbar radiculopathy, lumbar spinal stenosis, bilateral carpal tunnel syndrome, anxiety, depression, insomnia, and chronic pain. The clinician goes on to indicate that the claimant has completed acupuncture in past with improved pain control and function. The clinician specifically addresses opioid analgesics and the 4As as outlined by the MTUS. The review in question was rendered on January 29, 2014. The reviewer noncertified request for acupuncture, ketoprofen, tizanidine, zolpidem, Restone (melatonin/L-tryptophan), and tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 VISITS OF ACUPUNCTURE:** Upheld

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

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

**Decision rationale:** The acupuncture guidelines specifically state that it may be used as an option when medication is reduced or not tolerated or as an adjunct to physical rehabilitation program to hasten functional recovery. Based on the clinical documentation provided, the requested acupuncture is being utilized as a stand-alone intervention and there has not been a change in current medication or the addition of a functional rehabilitation program. While it is noted that this individual received improvement in the past, the current request is not in accordance with the guidelines. Therefore, the request is not medically necessary and appropriate.

**KETOPROFEN 50MG QD #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-68.

**Decision rationale:** The MTUS specifically recommends against long-term use of anti-inflammatories in the management of chronic low back pain and neuropathic pain. The MTUS further notes that this may be an option for short-term treatment. Based on the clinical documentation provided this medication appears to be used chronically and exceptional factors warranting deviation from the guidelines of not been provided. Additionally, the clinician does not indicate that laboratory studies are being performed for monitoring of chronic NSAID use. As such, the request is not medically necessary and appropriate.

**TIZANIDINE 2MG Q12 HRS, #60:** Upheld

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

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

**Decision rationale:** The MTUS recommends against the chronic use of muscle relaxants. Based on the clinical documentation provided, this medication appears to be utilized chronically. Exceptional factors warranting deviation from the guidelines have not been provided. As such, the request is not medically necessary and appropriate.

**ZOLPIDEM 10MG 1/2 QHS, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Pain, Zolpidem.

**Decision rationale:** This topic is not addressed by the MTUS or ACOEM. The ODG recommends against long-term use of Zolpidem and other sedative hypnotics and generally recommends limiting their use to the first few months following the injury. Based on the clinical documentation provided, the medication appears to be utilized chronically. As such, the request is not medically necessary and appropriate.

**RESTONE 3-100MG QHS #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdl/restone.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Pain, Melatonin.

**Decision rationale:** The use of Melatonin is not directly addressed by the MTUS or ACOEM. The ODG supports the use of melatonin, but does not address the use of L-tryptophan. The ACOEM recommends against the use of nutritional supplements for the management of chronic pain. Exceptional factors warranting deviation from the guidelines have not been provided. As such, the request is not medically necessary and appropriate.

**TRAMADOL 50MG Q6HRS #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The MTUS supports the use of opioids in the management of neuropathic pain. Based on clinical documentation provided, there is no evidence of neuropathic type pain on physical examination. What is noted that the claimant has subjective complaints of neuropathic type pain and previous electrodiagnostic studies demonstrate evidence of median nerve compression, there are no objective physical exam findings supporting a diagnosis of neuropathic type pain. Secondary to the limited documentation provided, the request is not medically necessary and appropriate.