

<b>Case Number:</b>	CM14-0123899		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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, has a subspecialty in Pain Management 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:

This is a 50-year-old male with an 8-14-2013 date of injury, due to repetitive motion. 7/25/14 determination was modified. Ultram was modified to allow one month prescription of the medication for weaning or to allow for documentation of the missing criteria. The rest of the requests were non-certified. Regarding acupuncture, there was no documentation of functional improvement with previous sessions. Regarding Duexis, ibuprofen and famotidine were available in multiple strengths OTC, and other strategies were recommended to prevent stomach ulcers in patients taking NSAIDs. Regarding Toradol, CA MTUS did not recommend it for the treatment of minor or chronic painful conditions. Regarding vitamin B12 injection, ODG cited it as not recommended and there was no documentation of vitamin B 12 deficiency. Regarding the urine drug screen, there was no indication that the patient did not fit within the established risk stratification, and the date and results of prior urine test was not provided. 7/15/14 pain management re-evaluation identified neck pain radiating down the bilateral upper extremities with tingling to the level of the fingers. The neck pain is associated with bilateral occipital, bilateral temporal, and bilateral frontal headaches. There was also low back pain. Pain was rated as 7/10 without medications and 9/10 with medications. The pain was unchanged since last visit. It was noted that the primary care physician was providing the pain medication oxycodone. Exam revealed spasms in the bilateral trapezius muscles and C4-6 bilaterally in the paraspinal muscles. Spinal vertebral tenderness was noted in the cervical spine C4-7. There is tenderness noted upon palpation at the trapezius muscle bilaterally. Decreased range of motion with pain. Decreased sensation in the bilateral upper extremities in C5-6 distribution. Diagnoses include chronic pain, cervical disc degeneration, cervical radiculopathy, cervical spine stenosis, gastroesophageal reflux disorder, hypertension, history of irritable bowel syndrome, s/p right shoulder rotator cuff surgery. Reported 6/30/14 medical visit by [REDACTED] (the formal report

was not provided for review, only documented in the prior determination) identified that oxycodone was helping. The patient received a Toradol injection during the visits. The provider was requesting more acupuncture treatments because the patient did not like the facility she previously received her treatments from. A specimen was obtained to monitor medication use. 6/6/14 orthopedic report by [REDACTED] recommendations included two injections (performed at the time of the office visit, a Toradol injection and a vitamin B 12 complex injection), acupuncture (it identified that 1 session was completed and the patient had 6 certified), and a pain management consultation. It was noted that the patient was taking oxycodone on as needed basis and that he did not prescribe this medication. 1/29/14 medical report identified that the patient was taking Motrin 600mg PRN.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Continued Acupuncture; eight (8) visits:** Upheld

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

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

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. The patient was approved for 6 acupuncture sessions. It was not clear if the patient completed all the sessions as it is stated that additional sessions were requested because the patient did not like the prior facility. Clarification of this would be needed prior to certifying additional acupuncture. If the patient did complete the 6 sessions, then it would be necessary of evidence of objective improvement with those sessions as well as goals to attain with future sessions. Therefore, Continued Acupuncture; eight (8) visits are not medically necessary.

**Ultram 50mg: one (1) to two (2) every 4-6 hours PRN #60 times two (2) refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82.

**Decision rationale:** Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The patient had been taking oxycodone. Given by his treating physician, and it was helping. There was no further delineation of improvement. The medical records did not identify the need for Ultram. Neither the pain management physician, nor the orthopedic physician identify prescription of Ultram. The medical necessity for this medication is not substantiated as there is no rationale for the need of adding Ultram to the

patient's medication regimen, in addition to the already prescribed oxycodone. Therefore, Ultram 50mg: one (1) to two (2) every 4-6 hours PRN #60 times two (2) refills is not medically necessary.

**Duexis 600mg/26.6mg times one (1) refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Duxis (ibuprofen & famotidine)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG (Pain Chapter) Duexis® (ibuprofen & famotidine) Other Medical Treatment Guideline or Medical Evidence: The FDA states that Duexis, a combination of the NSAID ibuprofen and the histamine H2-receptor antagonist famotidine, is indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers, which in the clinical trials was d

**Decision rationale:** The FDA states that Duexis, a combination of the NSAID ibuprofen and the histamine H2-receptor antagonist famotidine, is indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers. ODG stated that Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. There is no rationale for prescribing Duexis as opposed to an OTC NSAID and histamine H2-receptor antagonist. Therefore, Duexis 600mg/26.6mg times one (1) refill is not medically necessary.

**Toradol 2cc IM on 6/30/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG (Pain chapter) Other Medical Treatment Guideline or Medical Evidence: The FDA states that Ketorolac is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation treatment following IV or IM dosing of Ketorolac tromethamine (<http://www.drugs.com/pro/ketorolac.html>)

**Decision rationale:** CA MTUS states that Toradol is not indicated for minor or chronic painful conditions. The FDA states that Ketorolac is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation treatment following IV or IM dosing of Ketorolac tromethamine. The patient had a chronic pain condition under current orthopedic and pain management. However, there was no

indication of an acute event or significant exacerbation in symptoms that would prompt the need for this injection. It also appears that this injection has been performed in multiple occasions. The Toradol 2cc IM on 6/30/2014 is not medically necessary.

**Intramuscular injection of vitamin B12 complex and Vitamin B12 Cyanocobalamin on 6/30/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin B

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain Chapter Vitamin B Other Medical Treatment Guideline or Medical Evidence: FDA: Cyanocobalamin (Vitamin B12) Vitamin B 12 deficiency; malabsorption syndrome of various causes (eg, pernicious anemia; GI pathology dysfunction or surgery including gluten enteropathy, small bowel bacterial overgrowth, and total or partial gastrectomy; fish tapeworm infestation; malignancy of pancreas or bowel; folic acid deficiency

**Decision rationale:** ODG states that Vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. In addition, there was no indication of vitamin B deficiency. The Intramuscular injection of vitamin B12 complex and Vitamin B12 Cyanocobalamin on 6/30/2014 is not medically necessary.

**Urinalysis obtained 6/30/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing (UDT)

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The patient is under opioid prescription by the primary care provider. There were no reports of prior urine tests or an indication why the orthopedic provider is performing the urine test when in a prior report he stated that he was not providing the medication. Therefore, Urinalysis obtained 6/30/2014 is not medically necessary.