

<b>Case Number:</b>	CM14-0157138		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	10/30/2007
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Pain Medicine, and is licensed to practice in Minnesota. 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 injuries due to cumulative trauma on 10/30/2007. On 09/02/2014, her diagnoses included status post anterior cervical discectomy and fusion at C4-5 with decompression of the right brachial plexus on 07/24/2013; bilateral shoulder periscapular region strain with partial tear of the supraspinatus tendon; small thickness tear of the right supraspinatus tendon; right subacromial bursitis; right long head biceps tenosynovitis; right acromioclavicular joint hypertrophy; lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis; facet degenerative joint disease at L3-4, L4-5, and L5-S1 with disc protrusion and Anterolisthesis of L5 on S1; bilateral wrist/forearm tendinitis; right De Quervain's tenosynovitis; bilateral middle/ring locking and trigger finger; and right thoracic outlet syndrome. Her complaints included right shoulder pain and increased low back pain radiating through the groin to the right leg and foot. Her medications included OxyContin and Duexis of unspecified dosages, Colace 100 mg, Lyrica 50 mg, Detrol LA 20 mg and Relafen 500 mg. The Lyrica was a trial therapy for treatment of CRPS, FMS and lumbar spine spinal stenosis. The Relafen was prescribed to reduce pain/inflammation so she could resume activity. There was no rationale for the Colace. The treatment plan included physical therapy, medications, and activity modification. It did not include acupuncture treatments. A Request for Authorization dated 09/02/2014 was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 3 lumbar spine:** Upheld

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

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

**Decision rationale:** The request for Acupuncture 2 times 3 lumbar spine is not medically necessary. The California MTUS Guidelines recommend that acupuncture is an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There was no indication in the submitted documentation that this worker was not tolerating her medication. Her OxyContin was being increased rather than reduced. Physical therapy was noted in the treatment plan, but there was no evidence in the submitted documentation that the requested physical therapy treatments had begun. There was no evidence submitted that this injured worker was a surgical candidate. The clinical information submitted failed to meet the evidence based guidelines for acupuncture. Therefore, this request for Acupuncture 2 times 3 lumbar spine is not medically necessary.

**Lyrica 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Pregabalin (Lyrica), Page(s): 16-22,99.

**Decision rationale:** The request for Lyrica 50 mg #60 is not medically necessary. The California MTUS Guidelines recommend antiepileptic medications for neuropathic pain. Most randomized control trials have been directed at post herpetic neuralgia and painful polyneuropathy with diabetic polyneuropathy being the most common example. There are few randomized control trials directed at central pain and none for painful radiculopathy. Lyrica has been documented to be effective in the treatment of diabetic neuropathy and post herpetic neuralgia and has FDA approval and is considered a first line treatment for both. It has also been approved to treat fibromyalgia. There is no indication from the submitted documents that this injured worker had any of the above diagnoses. Additionally, the request did not specify frequency of administration. Therefore, this request for Lyrica 50 mg #60 is not medically necessary.

**Colace 100mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 77-78.

**Decision rationale:** The request for Colace 100 mg #100 is not medically necessary. The California MTUS Guidelines recommend that an ongoing review of opioids should include documentation of pain relief, functional status, appropriate medication use, and side effects. The physician should discuss the risks and benefits of the use of controlled substances with the patient. Prophylactic treatment of constipation should be initiated. Long term use of opioids should have documentation of adverse effects, including constipation. This injured worker did not have a diagnosis of constipation. There was no mention of side effects of opioids, including constipation. Additionally, there was no frequency of administration included within the request. Therefore, this request for Colace 100 mg #100 is not medically necessary.

**Relafen 500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-73.

**Decision rationale:** The request for Relafen 500 mg #60 is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. Relafen is approved to treat osteoarthritis. The request did not contain a frequency of administration. Therefore, this request for Relafen 500 mg #60 is not medically necessary.