

<b>Case Number:</b>	CM14-0182904		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 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 39 year old female with an injury date of 05/30/13. Based on the 10/02/14 progress report provided by [REDACTED] the patient complains of pain to the bilateral upper extremities rated 5-6/10. Physical examination to the bilateral shoulder revealed tenderness to palpation to the right mid trapezius and right levator insertion. Positive Impingement sign bilaterally, positive apprehension on the right. Examination of the wrists revealed positive Tinel's and Phalen's bilaterally. Per treater report dated 10/02/14, "symptoms have improved a lot with the help of Acupuncture and medication. Her range of motion has improved with less discomfort." Patient has not been working due to employer's inability to accommodate restrictions, however she can return to work. Gabapentin is a new prescription for chronic pain, per progress report dated 10/02/14. Patient's medications per progress report dated 08/05/14 included Ketoprofen, Norflex and Omeprazole. Per progress report dated 06/06/14, pain was rated 7-8/10. Diagnosis 06/03/14- bilateral upper extremity, Overuse syndrome- right wrist, mild carpal tunnel syndrome- left wrist, flexor tendon tenosynovitis- bilateral elbow, lateral epicondylitis- left elbow, medial epicondylitis- bilateral shoulder, Impingement syndrome- right shoulder, AC sprain/tendinosis, status post cortisone injection, 11/25/13- cervical spine sprain/strain Diagnosis 10/02/14- bilateral upper extremity Overuse Syndrome- bilateral elbow, lateral epicondylitis- bilateral shoulder, Impingement Syndrome The utilization review determination being challenged is dated The rationale follows: 1) Acupuncture twice per week for four weeks (bilateral upper extremities): "patient has attended 10 previous sessions of acupuncture. Objective findings reveal no improvement..." 2) Gabapentin 300mg #30: "no rationale submitted" [REDACTED] is the requesting provider and he provided treatment reports from 03/10/14 - 10/02/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture twice per week for four weeks (bilateral upper extremities):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13 or 127. Decision based on Non-MTUS Citation (ODG) Shoulder (Acute & Chronic) chapter, Acupuncture

**Decision rationale:** The patient presents with pain to the bilateral upper extremities rated 5-6/10. The request is for Acupuncture twice per week for four weeks (bilateral upper extremities). Patient's diagnosis dated 06/03/14 includes bilateral upper extremity, Overuse Syndrome, mild carpal tunnel syndrome to the right wrist, left wrist flexor tendon tenosynovitis and lateral epicondylitis to the bilateral elbows. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." ODG-TWC Acupuncture Guidelines: "Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks." Per treater report dated 10/02/14, "symptoms have improved a lot with the help of Acupuncture and medication. Her range of motion has improved with less discomfort." Per progress report dated 06/06/14, pain was rated 7-8/10, which improved to 5-6/10 in latest progress report dated 10/02/14. Patient has not been working due to employer's inability to accommodate restrictions, however she can return to work. Patient has recently had 10 sessions per UR letter dated 10/13/14. Additional acupuncture therapy would be indicated based on functional improvement which seems to be the case in this patient. Additional 8 sessions of acupuncture appear supported by MTUS given the patient's improvement in function, particularly the ability to return to work. The request is medically necessary.

**Gabapentin 300mg, #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines regarding Gabapentin: "Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18, 19.

**Decision rationale:** The patient presents with pain to the bilateral upper extremities rated 5-6/10. The request is for Gabapentin 300mg, #30. Patient's diagnosis dated 06/03/14 included mild carpal tunnel syndrome to the right wrist, left wrist flexor tendon tenosynovitis and lateral epicondylitis to the bilateral elbows. Physical examination of the wrists on 10/02/14 revealed positive Tinel's and Phalen's bilaterally. Patient's medications per progress report dated 08/05/14

included Ketoprofen, Norflex and Omeprazole. MTUS has the following regarding Gabapentin on pg 18 and 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Gabapentin is a new prescription for her chronic pain, per progress report dated 10/02/14. Based on MTUS, Gabapentin is indicated for neuropathic pain. Patient has a diagnosis of carpal tunnel syndrome, which meets guideline indications. The request is medically necessary.