

<b>Case Number:</b>	CM14-0037494		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/23/2000
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 35-year-old man who sustained a work-related injury on December 23, 2000. Subsequently, he developed chronic lower back pain. According to a progress note dated February 3, 2014 stated the patient continues to have persistent low back pain. His physical examination demonstrated lumbar tenderness with limited range of motion with spasm. His neurological examination was not focal. The patient was diagnosed with lumbar strain. It was noted that he had completed acupuncture treatment with some relief. The patient was reported to continue taking his pain medications. His provider requested authorization for acupuncture with message, Omeprazole DR, Norco, Voltaren gel, Cidaflex, and Carisoprodol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture with massage 3 x a week for 4 weeks to the lower back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** According to MTUS Guidelines, acupuncture is considered in knee, back, ankle, and upper extremities complaints, "Acupuncture is used as an option when pain

medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation mixing mechanics techniques...(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef)." There is no clear documentation of sustained functional or pain improvement with previous acupuncture sessions. Therefore, the prescription of acupuncture sessions is not medically necessary.

**Omeprazole DR 20 mg once a day #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines regarding Omeprazole.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to MTUS Chronic Pain Guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation that the patient is taking NSAIDs or has GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole DR 20mg prescription is not medically necessary.

**Hydrocodone ( Norco) APAP 10/325mg 1 tablet by mouth twice a day #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to the MTUS Chronic Pain Guidelines, ongoing use of opioids should follow specific rules, "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the

occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There is no clear documentation of the efficacy/safety of previous use of Norco. There is no clear and recent documentation of compliance with the patient medications. There is no clear justification for the need to continue the use of Norco. Therefore, the request is not medically necessary and appropriate.

**Voltaren gel 1% twice a day: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NONSELECTIVE NSAIDS Page(s): 111; 107.

**Decision rationale:** Voltaren Gel (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). According to the MTUS Chronic Pain Guidelines section on Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as cervical and lumbosacral spine pain. The patient was using oral NSAID and there is no clear evidence of non response to oral medications. Therefore, the request is not medically necessary and appropriate.

**Cidaflex tablets 1 tableted three times a day #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Cidaflex (Glucosamine) is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is insufficient evidence to support the efficacy of glucosamine other than knee osteoarthritis. There is no clear evidence of knee osteoarthritis. Therefore, the request of Cidaflex is not medically necessary.

**Carisoprodol 350 mg 1 tablet by mouth twice a day #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 Soma  
Page(s): 29.

**Decision rationale:** According to MTUS Guidelines, Carisoprodol is not recommended for long term use. It is prescribed for muscle relaxation. There is no recent clear report of muscle spasms in the patient file. Therefore, Carisoprodol 350 mg is not medically necessary.