

<b>Case Number:</b>	CM14-0078401		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/08/2003
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 63-year-old female with a reported injury on 06/08/2003. The mechanism of injury was due to she was lifting a lemon tree and twisted and strained her back. While twisting and lifting the tree, she grabbed her back and she had severe pain immediately. The injured worker's diagnoses included status post decompression of L3-4 and L4-5, status post L3-5 anterior posterior fusion and revision decompression, status post removal of hardware of the lower back, multilevel cervical spondylosis and disc collapse, moderate central disc herniation, status post ACDF C3-4 and C4-5, adjacent segment disease L2-3 with central stenosis and severe foraminal stenosis and facet arthropathy, T12-L1 disc herniation with foraminal stenosis and facet arthropathy, and right carpal tunnel syndrome. The injured worker has had previous treatment of acupuncture in the past, which has been reported as very effective in helping her reduce her neck pain and low back pain and to increase her activity level. The injured worker had an examination on 03/06/2014. The injured worker had reported that she wanted to hold off on the lumbar surgery and was requesting medication refills and acupuncture. On examination of the cervical spine, there was crepitus with motion causing painful symptoms. There was tenderness in the left paracervical with spasm and the right paracervical trapezius with spasms. There was evidence of muscle spasm at the cervical spine. The list of medications included Norco, Provigil, Soma, tramadol, Prilosec, and Bio freeze gel. The recommended plan of treatment was for her to renew her medications and a referral for acupuncture of the cervical spine to help reduce her cervical spine pain and myospasms. The injured worker had an MRI in 03/2009 that revealed multilevel cervical spondylosis and disc collapse, moderate central disc herniation, and adjacent segmental disease. It was reported that her medications do cause drowsiness, which was the rationale for the Provigil, to help offset the effects of the pain medication. The pain medication does help her to be more active during the day and increases

her energy level. The rationale for the Soma is for muscle spasms. The rationale for the acupuncture was due to the fact that it was beneficial previously with increased function. The request for authorization was signed and dated 03/25/2014.

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

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

**Soma 250mg qty 90.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Soma.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisopradol Page(s): 29, 65.

**Decision rationale:** The request for Soma 250 mg #90 is not medically necessary. The California MTUS Guidelines do not recommend Soma. This medication is not indicated for long term use. The California MTUS Guidelines do not recommend Soma for longer than a 2 week to 3 week period. This medication has been used at least since 08/08/2013. There was no evidence of its efficacy and there was no evidence or documentation that it had been weaned or tapered off or attempted to try another type of muscle relaxant. There is a lack of evidence to support the number of 90 pills without further evaluation and assessment. Furthermore, the recommendation does not specify directions as far as frequency and duration. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for Soma 250 mg #90 is not medically necessary.

**Provigil 200mg qty 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com/ Provigil.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications, Modafinil,(Soma).

**Decision rationale:** The request for Provigil 200mg quantity 30 is not medically necessary. The California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines do not recommend this medication to counteract sedation effects of narcotics until first considering the reducing of excessive narcotic prescribed. It has been reported that the injured worker is having a side effect of drowsiness due to her narcotics. There was no evidence that the narcotics have been tapered or attempted to be weaned. There is a lack of evidence to support the use of this medication without further assessment and evaluation. Furthermore, the request does not specify directions as far as frequency and duration. The clinical information fails to meet the evidence based guidelines for this request. Therefore, the request for the Provigil is not medically necessary.

**Trigger Point Injection x2 into posterior cervical paraspinous muscles done 4/10/14 qty 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** The request for the trigger point injections x2 posterior cervical paraspinous from 04/10/2014 is not medically necessary. The California MTUS Guidelines recommend trigger point injections for chronic lower back pain with myofascial pain syndrome if there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, if symptoms have persisted for more than 3 months, if medical management therapy such as ongoing stretching exercises, physical therapies, NSAIDs, and muscle relaxants have failed to control pain, and if radiculopathy is not present by exam or imaging; do not repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. There is a lack of documentation of a twitch, although the examination does reveal muscle spasms. There was a lack of evidence of therapy such as stretching exercises, physical therapy, and the use of an NSAID and muscle relaxants which have failed to control her pain. The request is asking for 2 injections. There has not been efficacy of the first injection of 50% pain relief for 6 weeks. There was a lack of documentation of evidence of functional improvement. The clinical information fails to meet the evidence based guidelines. Therefore, the request for the trigger point injections x2 is not medically necessary.

**Bio Freeze Gel qty 1.00: Upheld**

**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 Topical analgesic Page(s): 111.

**Decision rationale:** The request for Bio freeze gel is medically necessary. The California MTUS Guidelines recommend that topical analgesics are primarily used for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control, to include NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonist, A-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonist, Y agonist, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many of these agents. The California MTUS Guidelines do not recommend any compound product that contains at least 1 drug or drug class that is not recommended. There is a lack of evidence of neuropathic pain. There is a lack of evidence that there was a trial of antidepressants and anticonvulsants that have failed. There is a lack of

evidence of conservative treatments and the efficacy. The efficacy of this medication was not provided. Furthermore, the request does not specify a frequency or duration and as to what body part this is to be applied. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for the Bio freeze gel is not medically necessary.

**Acupuncture Cervical Spine qty 12.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Acupuncture Treatment Guidelines 2007:9792.21 Page(s): 48.

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

**Decision rationale:** The request for acupuncture of the cervical spine for 12 sessions is not medically necessary. The California MTUS Guidelines recommend acupuncture to be used as an option when pain medication is reduced or not tolerated. It also may be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture should be up to 6 treatments. There is a lack of documentation and evidence of the efficacy of the medications and there is no evidence that previous conservative treatments have failed or were not tolerated. The request recommendation is for 12 visits, and the recommendation from the guidelines is for up to 6 visits. It has been mentioned that the injured worker has had previous visits, but there was an unknown amount of sessions, although she did say that there was improved function with her activities of daily living. There is a lack of evidence to support the medical necessity of acupuncture of the cervical spine without further evaluation and assessment. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for the acupuncture of the cervical spine is not medically necessary.