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| <b>Case Number:</b>   | CM14-0091217 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 08/01/1992 |
| <b>Decision Date:</b> | 10/21/2014   | <b>UR Denial Date:</b>       | 06/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/16/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 08/01/1992. The mechanism of injury was not provided. On 05/30/2014, the injured worker presented with cervical pain. Upon examination of the neck, there was pain to palpation over the C2-6 facet capsules secondary to myofascial pain with trigger and ropey fibrotic bending and pain with rotational extension indicative of facet capsular tears bilaterally and topical dysesthesia. There was severe pain with marked functional limitation to range of motion and topical pain with obvious discomfort. The C6 dermatome demonstrated decreased sensation to light touch on the left side. The diagnoses were left shoulder pain, left arm pain, headaches, cervicgia with radiculopathy, thoracic outlet syndrome, and opioid induced constipation. Current medications included Norco, Naprosyn, and Gralise. The provider recommended acupuncture, Norco, and Gralise. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x5 qty:10:** Upheld

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

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

**Decision rationale:** The California MTUS states acupuncture is used as an option when pain medication is reduced or not tolerated and must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture may be performed within 3 to 6 treatments 1 to 3 times a week for an optimum duration of 1 to 2 months. There is a lack of documentation that the injured worker is recommended for decreased pain medication or that the injured worker has medication intolerance. Additionally, the provider's request for acupuncture 2 times a week for 5 weeks exceeds the guideline recommendation. The efficacy of the prior treatment was not provided. As such, medical necessity has not been established.

**Norco 10/325mg, QTY: 180:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

**Gralise 300mg, QTY: 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

**Decision rationale:** The California MTUS Guidelines state that Gralise has been shown to be effective for diabetic painful neuropathy and post herpetic neuralgia and has been considered a first line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function, as well as documented side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The efficacy of the medication was not documented; additionally, the provider's rationale was not provided in the medical documents for review. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.