

<b>Case Number:</b>	CM14-0129935		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	02/08/2014
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 41 year old female with an injury date of 02/08/14. Based on the 07/02/14 progress report provided by treating physician, the patient complains of neck pain, and low back pain with radiculopathy to both legs. Physical examination to the cervical and lumbar spines revealed tenderness and decreased range of motion. Treater states in progress report dated 07/03/14 "patient is starting acupuncture 08/12/14." Per lab report dated 06/03/14, no opiates were detected. Per progress report dated 04/23/14, treater states "prescriptions have been written for Motrin, Flexeril and Tramadol, which she is to take as directed." The patient is temporarily totally disabled. Diagnosis 07/02/14, 07/30/14, 09/03/14- cervical sprain and strain- cervical radiculopathy- lumbar sprain and strain- lumbar radiculopathy. The utilization review determination being challenged is dated 07/17/14. Treatment reports were provided from 04/23/14 - 01/14/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient presents with neck pain, and low back pain with radiculopathy to both legs. The request is for acupuncture 2 times 6. Patient's diagnosis on 07/02/14 included cervical and lumbar sprain/strain with radiculopathy. Physical examination to the cervical and lumbar spines revealed tenderness and decreased range of motion. Per progress report dated 04/23/14, treater states "prescriptions have been written for Motrin, Flexeril and Tramadol, which she is to take as directed." The patient is temporarily totally disabled. Acupuncture Medical Treatment Guidelines. MTUS page 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)." Treater has not provided reason for the request. Treater states in progress report dated 07/03/14 "patient is starting acupuncture 08/12/14." MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status AND reduced dependence on other medical treatments. In this case, treater has not documented functional improvement; there are no discussions regarding ADL's, change in work status and reduction in medication use, for example. Therefore, the request is not medically necessary.

**Motrin (Dosage Unspecified):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS 60, 61)Anti-inflammatory medications. Page(s): 22.

**Decision rationale:** The patient presents with neck pain, and low back pain with radiculopathy to both legs. The request is for MOTRIN (DOSAGE UNSPECIFIED). Patient's diagnosis on 07/02/14 included cervical and lumbar sprain/strain with radiculopathy. Physical examination to the cervical and lumbar spines revealed tenderness and decreased range of motion. Per progress report dated 04/23/14, treater states "prescriptions have been written for Motrin, Flexeril and Tramadol, which she is to take as directed." The patient is temporarily totally disabled. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not provided reason for the request. Though patient presents with chronic pain, there is no documentation or discussion of decrease in pain or increase in function with the use of Motrin. Given lack of discussion regarding medication efficacy as required by MTUS, the request is not medically necessary.

**Flexeril (Dosage Unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in workers compensation

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient presents with neck pain, and low back pain with radiculopathy to both legs. The request is for Flexeril (dosage unspecified). Patient's diagnosis on 07/02/14 included cervical and lumbar sprain/strain with radiculopathy. Physical examination to the cervical and lumbar spines revealed tenderness and decreased range of motion. Per progress report dated 04/23/14, treater states "prescriptions have been written for Motrin, Flexeril and Tramadol, which she is to take as directed." The patient is temporarily totally disabled. MTUS paged 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy."Treater has not provided reason for the request, nor indicated quantity. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Patient has already been prescribed Flexeril per progress report dated 04/23/14, which is 3 months from UR date of 07/17/14. The request for additional Flexeril, unspecified quantity would exceed MTUS recommendation and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

**Tramadol (Dosage Unspecified): 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 criteria for use of opioids Page(s): 88, 89,76-78.

**Decision rationale:** The patient presents with neck pain, and low back pain with radiculopathy to both legs. The request is for Tramadol (dosage unspecified). Patient's diagnosis on 07/02/14 included cervical and lumbar sprain/strain with radiculopathy. Physical examination to the cervical and lumbar spines revealed tenderness and decreased range of motion. Treater states in progress report dated 07/03/14 "patient is starting acupuncture 08/12/14." Per progress report dated 04/23/14, treater states "prescriptions have been written for Motrin, Flexeril and Tramadol, which she is to take as directed." The patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and

duration of pain relief. In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living; there are no pain scales and the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. Per lab report dated 06/03/14, no opiates were detected, though patient has been prescribed Tramadol per progress report dated 04/23/14. There are no CURES or opioid pain contracts, either. No change in work status or return to work discussions. Given the lack of documentation as required by MTUS, the request is not medically necessary.