

<b>Case Number:</b>	CM15-0019955		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	06/01/2004
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 06/01/2004. The mechanism of injury was repetitive activities. Her diagnoses were noted to include status post fusion, reflex sympathetic dystrophy of the upper limb, bilateral carpal tunnel, lumbar spine sprain/strain, bilateral shoulder sprain. Her past treatment was noted to include medication, physical therapy, surgery, and activity modification. Her diagnostic studies were noted to include MRI of the cervical spine, performed on 05/22/2014, which was noted to reveal a posterior disc osteophyte complex, bilateral uncovertebral joint and facet joint hypertrophy, moderate bilateral neuro foraminal narrowing and mild central canal stenosis measuring 9 mm in AP dimension at C4-5. During the assessment on 12/18/2014, the injured worker complained of shoulder, wrist, neck, and low back pain. In regards to the shoulder pain, the injured worker complained of frequent pain in her bilateral right greater than left shoulder, which she described as throbbing and aching. She rated her pain a 6/10. In regard to her wrist pain, the injured worker complained of intermittent pain in her wrist which she described as pressure and aching. She rated her pain at 3/10 to 4/10. She also complained of numbness and tingling in her fingers. In regard to her neck pain, the injured worker complained of constant pain in her bilateral left greater than right neck, which she described as burning and aching. She rated the pain a 6/10 and also complained of numbness and tingling in both upper extremities, left greater than the right. In regard to her low back pain, the injured worker complained of frequent pain in her lower back, which she described as sharp, stabbing and aching. She rated her pain a 5/10. She also indicated that her low back pain was worsening and increased with colder temperatures.

The physical examination of the shoulders revealed nonspecific tenderness to palpation in both shoulders. The patient reported mild tenderness at the supraspinatus on the right and mild tenderness at the supraspinatus on the left. The range of motion testing of the shoulder revealed shoulder flexion on the right of 160 degrees, and 180 degrees on the left, extension of 50 degrees on the right and 50 degrees on the left; abduction of 160 degrees on the right and 180 degrees on the left; adduction of 50 degrees bilaterally, internal rotation of 90 degrees bilaterally, and external rotation of 90 degrees bilaterally. The physical examination of the wrists revealed no specific tenderness to palpation at both wrists. The Phalen's test revealed pain on both wrists. The range of motion testing in the wrist was normal in all planes. The physical examination of the cervical spine revealed moderate paraspinal tenderness and spasms bilaterally at C2-3, C3-4, C4-C5, C5-C6, C6-7, and C7-T1. The range of motion testing revealed flexion of 40 degrees bilaterally, extension of 45 degrees bilaterally, rotation of 70 degrees on the right and 65 degrees on the left, and lateral tilt/flexion of 35 degrees on the right and 30 degrees on the left. The range of motion testing was associated with pain and spasm. The physical examination of the lumbar spine revealed a positive straight leg raise in the seated position on the right. There was mild paraspinal tenderness upon palpation. The range of motion testing revealed flexion of 45 degrees bilaterally, extension of 20 degrees bilaterally and lateral bending of 25 degrees bilaterally. Medications were noted to include Soma 350 mg, Norco 10/325 mg, and ibuprofen 800 mg. The treatment plan was to request authorization for acupuncture treatment, continue medication regimen, and request authorization for orthopedic surgery consultation. The rationale for acupuncture treatment was to help decrease current pain levels while increasing functional capabilities. The rationale for Soma was to help control muscle spasms. The request for authorization form was dated 12/18/2014.

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

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

#### **Acupuncture Electrical Cervical & Lumbar spine, bilateral wrists, quantity 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Neck and Upper back (Acute & Chronic). Forearm, Wrist, & Hand (acute & Chronic), Chronic Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Acupuncture.

**Decision rationale:** The request for Acupuncture Electrical Cervical & Lumbar spine, bilateral wrists, quantity 6 is not medically necessary. The California MTUS Guidelines state acupuncture with electrical stimulation is the use of electrical current on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. The guidelines recommend up to 6 treatments over 2 months, and with documentation of functional improvement, acupuncture treatments may be extended. However, the Official Disability Guidelines specifically state that acupuncture is currently under study for

the upper back and not recommended for neck pain. As the guidelines specifically indicate that the use of acupuncture for neck pain is not recommended, the request is not medically necessary.

**Soma 350mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65, 24, 29, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain.

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

**Decision rationale:** The request for Soma 350 mg #120 is not medically necessary. The California MTUS Guidelines do not recommend the use of carisoprodol (Soma). The medication is not indicated for long term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. As the evidence based guidelines do not recommend the use of Soma for long term use, the ongoing use is not supported. Given the above, the request is not medically necessary.