

<b>Case Number:</b>	CM15-0184703		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 34 year old female with a date of injury on 11-08-2010. The injured worker is undergoing treatment for cervical radiculopathy C5-C6, positive electromyography secondary to herniated cervical disc, positive magnetic resonance imaging-status post cervical epidural steroid injections x 2, status post right carpal tunnel release, symptoms of anxiety and depression, right elbow lateral epicondylitis, herniated lumbar disc with S1 radiculopathy, right shoulder subacromial impingement, symptoms of insomnia, left hand carpal tunnel syndrome, right hip strain-sprain, gastroesophageal reflux disease, dyspepsia, headaches, and obesity. An acupuncture note dated 06-01-2015 documents the injured worker had shoulder pain that was 8-9 out of 10 and now it is 7-8 out of 10, and she can use less pain medications on good days. Her frequency of pain was 100% and now it is 86% of the time. She has increased strength, improved sleep, reduced medications, and reduced pain. Acupuncture helps with pain and stress levels. Physician progress notes dated from 06-30-2015 to 07-28-2015 documents the injured worker complains of pain in the right shoulder, cervical spine, and lumbar spine. She is unable to sleep due to pain in her neck. She complains of dizziness, headaches, numbness, tingling, and symptoms of anxiety and depression. There is cervical spine restricted range of motion and there is positive foraminal compression test and positive Spurling's test. There is positive impingement to the right shoulder, and there is tenderness to palpation over the greater tuberosity of the humerus with subacromial grinding and clicking. Lumbar spine range of motion is restricted. There is positive straight leg raise on the right and cross positive at 90 degrees. She has hypoaesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L5-

S1 dermatome distribution. She has weakness in the big toe dorsiflexors and big toe plantar flexor bilaterally. There is paraspinal tenderness with paraspinal spasms. Treatment to date has included diagnostic studies, medications, acupuncture, physical therapy, cervical epidural injection, and use of an IF unit. An electromyography and nerve conduction velocity study of the upper extremity done on 04-13-2015 revealed mild ulnar neuropathy at or near the elbow, and mild left carpal tunnel syndrome. She is currently not working. The treatment plan includes acupuncture to cervical spine, right hand, right upper arm Qty: 12.00, Percocet 10/325mg #120, and Xanax 1mg #45. On 08-21-2015, Utilization Review denied the request for acupuncture to cervical spine, right hand, right upper arm Qty: 12.00. Percocet 10/325mg #120 was modified to Percocet 10-325mg #90 (since at least December of 2015). Xanax 1mg (unknown start date) #45 was modified to Xanax 1mg #34.

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

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

**Acupuncture to cervical spine, right hand, right upper arm Qty: 12.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Acupuncture.

**Decision rationale:** According the CA MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated, and can be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement is within 3 to 6 treatments, up to 1 to 3 times per week. The optimum duration advised is 1 to 2 months, and in addition, acupuncture treatments may be extended if functional improvement is documented. The cited ODG recommends acupuncture as an option for multiple specific body parts, with an initial trial of 3-4 visits over 2 weeks, followed by an additional 8-12 visits, but only if there is evidence of functional improvement. In the case of this injured worker, she has had previous acupuncture therapy that minimally reduced her pain; however, there is no documentation of objective functional improvement. Therefore, based on the cited guidelines and medical records available, the request for acupuncture to cervical spine, right hand, right upper arm Qty: 12.00 is not medically necessary.

**Percocet 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

**Decision rationale:** The cited CA MTUS recommends short acting opioids, such as Percocet (Oxycodone), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications (antidepressants, anticonvulsants). Opioids are recommended as the standards of care for moderate to severe nociceptive pain, but are not recommended as first-line therapy for osteoarthritis. The MTUS also states there should be documentation of the 4 As, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The treating provider's notes included documentation of urine drug testing, but did not document pain with and without medication in visual analog scale, whether there were any significant adverse effects, pain contract on file, and objective functional improvement. The injured worker should continue follow-ups routinely, with appropriate documentation, and begin weaning of opioids as soon as indicated by the treatment guidelines (advised by Utilization Review on 08-21-2015). Therefore, based on the available medical records and cited MTUS guidelines, the request for Percocet 10/325mg #120 is not medically necessary and appropriate.

**Xanax 1mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** According to the cited CA MTUS guidelines, benzodiazepines (Xanax) are not recommended for long-term use because long-term efficacy is unproven and there is significant risk of dependence. Chronic benzodiazepines are the treatment of choice in very few conditions and not indicated for use in sleep related issues. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The injured worker's records indicate that she has been prescribed Xanax for anxiety, but there is no indication of first-line treatment usage or failure. Therefore, based on the cited guidelines and medical records available, Xanax 1mg #45 is not medically necessary and appropriate.