

<b>Case Number:</b>	CM15-0198765		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	11/21/2014
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: New York Certification(s)/Specialty: Internal Medicine

### 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 35 year old, female who sustained a work related injury on 11-21-14. A review of the medical records shows she is being treated for neck pain. Treatments have included a cervical epidural steroid injection, physical therapy and medications. Current medications include Neurontin, Norco, Tramadol, Flexeril and Ibuprofen. In the progress notes, the injured worker reports neck pain with radiation to right shoulder. She rates this pain a 9 out of 10. She experienced a flare-up a week ago and had right arm spasms. On physical exam dated 8-24-15, she has decreased sensation over the right third, fourth and fifth digits more than first and second. She has moderate pain and spasms over right C5-6 and C6-7 levels in neck. She has decreased cervical range of motion. Cervical MRI dated 4-22-15 revealed "reversal of the normal cervical lordosis with degenerative disc disease and retrolisthesis C4-5. Canal stenosis includes C4-5 mild to moderate and C5-6 mild canal stenosis." She is working modified duty. The treatment plan includes requests for changing Ibuprofen to Sulindac, for physical therapy, for acupuncture and for a functional capacity evaluation. The Request for Authorization dated 8-24-15 has requests for acupuncture, heat, Sulindac, Vicodin and a functional capacity evaluation. In the Utilization Review dated 9-8-15, the requested treatments of Sulindac 200mg. #60 x 6 refills is modified to Sulindac 200mg. #60 x 3 refills and Vicodin 5-300mg. #90 is modified to Vicodin 5-300mg. #45. Acupuncture x 1-2 per week #6 and a functional capacity evaluation are not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sulindac 200 mg #60 with 6 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for the treatment. The injured worker's symptoms are chronic radicular neck pain, with complains of recent exacerbation of symptoms. The recommendation to switch to a longer acting NSAID is reasonable. The request for Sulindac 200 mg #60 with 6 refills is medically necessary.

**Vicodin 5/300 mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic radicular neck pain. Documentation fails to demonstrate adequate objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Vicodin 5/300 mg #90 is not medically necessary.

**Acupuncture (x1-2/week) #6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** Per MTUS, Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The injured worker complains of chronic radicular neck pain. MTUS does not recommend acupuncture for the treatment of neck pain. The request for Acupuncture for neck is not medically necessary by MTUS guidelines.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Programs.

**Decision rationale:** Per guidelines, Functional Restorative Programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. They are recommended for patients with conditions that have resulted in delayed recovery. Per guidelines, Functional Restorative Programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. They are recommended for patients with conditions that have resulted in delayed recovery. Chart documentation indicates that the injured worker is undergoing active treatment for ongoing radicular neck pain. Not having reached maximum medical therapy at the time of the request under review, guidelines have not been met. The request for Functional capacity evaluation is not medically necessary per guidelines.