

<b>Case Number:</b>	CM15-0028971		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	09/22/1997
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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

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 53 year old female, who sustained an industrial injury on September 22, 1997. She has reported chronic back pain, left shoulder pain, right hand and right wrist pain. The diagnoses have included right carpal tunnel syndrome, right abductor pollicis longus and extensor pollicis brevis tenosynovitis, spinal stenosis, lumbar region, without neurogenic claudication, rotator cuff capsule sprain, superior glenoid labrum lesion, status post L4-S1 fusion and partial thickness tear of the supraspinatus tendon. Treatment to date has included radiographic imaging, diagnostic studies, lumbar spine surgery, carpal tunnel surgery conservative treatments, pain medications and work restrictions. Currently, the IW complains of chronic back pain, left shoulder pain, right hand and right wrist pain. The injured worker reported an industrial injury in 1997, resulting in chronic pain as previously noted. She was treated conservatively without resolution of the pain. She required surgical intervention for carpal tunnel and spinal fusion. Evaluation on January 28, 2015, revealed continued moderate to severe pain. It was noted acupuncture provided little benefit at an earlier date. A thumb splint, acupuncture and medications were requested. It was noted she could not have surgical interventions for the reported pain without further evidence of conservative therapies. It was noted subjectively, she is getting worse and had previously had therapy and injections for pain. On February 9, 2015, Utilization Review non-certified a request for 8 acupuncture sessions and Soma 350mg #60 with 2 refills, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 10, 2015, the injured worker submitted an application for IMR for review of requested 8 acupuncture sessions and Soma 350mg #60 with 2 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 acupuncture sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

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

**Decision rationale:** It is not clear if the patient has participated in previous acupuncture. Current clinical exam show no specific physical impairments or clear dermatomal/ myotomal neurological deficits to support for treatment with acupuncture. The patient had previous physical therapy without documented functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria for initial trial. The 8 acupuncture sessions is not medically necessary and appropriate.

**Soma 350mg, #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29.

**Decision rationale:** Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Soma 350mg, #60 with 2 refills is not medically necessary and appropriate.

**Ambien 10mg, #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Zolpidem (Ambien), pages 877-878.

**Decision rationale:** Prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Ambien 10mg, #30 with 2 refills is not medically necessary and appropriate.