

<b>Case Number:</b>	CM15-0047076		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/22/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 30-year-old who has filed a claim for chronic rib, chest wall, shoulder, and upper arm pain reportedly associated with an industrial contusion injury of August 22, 2014. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve requests for acupuncture, Flexeril, a TENS-EMS unit, physical therapy, Prilosec, a lumbar support, and topical compounded medications. The claims administrator did apparently issue a partial approval of acupuncture, it was incidentally noted, and apparently approved electrodiagnostic testing. A February 16, 2015 progress note and associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten prescription form dated February 16, 2015, Flexeril, Prilosec, and several topical compounded medications were endorsed, without much supporting rationale or narrative commentary. In a handwritten progress note dated January 21, 2015, the applicant was described as having ongoing complaints of neck and mid back pain. The note was very difficult to follow. MRI imaging of the cervical and thoracic spines were endorsed. Little-to-no discussion of medication efficacy transpired. In RFA forms of February 16, 2015, Flexeril, Prilosec, lumbar support, physical therapy, urine drug testing to include confirmatory and quantitative testing, and acupuncture were endorsed. In an associated Doctor's First Report (DFR) dated February 16, 2015, the applicant apparently transferred care to a new primary treating provider reporting ongoing complaints of neck and mid back pain. Large portions of the progress note were difficult to follow and rendered illegible as a result of repetitive photocopying and faxing. The applicant was, however, placed off of work, on total temporary disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Acupuncture for Cervical Spine Qty 6: Upheld**

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

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

**Decision rationale:** No, the request for six sessions of acupuncture for the cervical spine was not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.a acknowledge that acupuncture can be employed for a wide variety of purposes, including to promote relaxation, reduce anxiety, reduce muscle spasm, increase range of motion, reduce pain, etc., in this case, however, it was not clearly stated for what purpose acupuncture was proposed. The February 16, 2015 DFR on which the article in question was proposed was difficult to follow, rendered largely eligible as a result of repetitive photocopying and faxing, did not clearly state whether the applicant had or had not had prior acupuncture and, if so, what the applicant's response to the same was. Therefore, the request is not medically necessary.

### **Cyclobenzaprine 7.5MG Qty 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** The request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was apparently using a variety of other agents, including Prilosec and several topical compounded medications. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 90-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

### **TENS/EMS Unit Rental Qty: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**Decision rationale:** Similarly, the request for a TENS-EMS unit rental was likewise not medically necessary, medically appropriate, or indicated here. The EMS component of the request represents a form of neuromuscular electrical stimulation or NMES. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation (NMES) is not recommended outside of the post stroke rehabilitative context and is not, moreover, recommended in the chronic pain context present here. Since one modality in the device is not recommended, the entire device is not recommended. Therefore, the request is not medically necessary.

**Physical Therapy for Lumbar Spine Qty:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** Similarly, the request for 12 sessions of physical therapy for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of physical therapy at issue, in and of itself, represents treatment in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the date additional physical therapy was proposed, February 16, 2015, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.

**Omeprazole 20mg Qty 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** Similarly, the request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec (omeprazole) are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with

reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, present on the February 16, 2015 office visit on which omeprazole was endorsed. Therefore, the request is not medically necessary.

**Lumbar Spine Brace Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** Similarly, the request for a lumbar spine brace (AKA lumbar support) was likewise not medically necessary, medically appropriate, or indicated here. The request in question was initiated on or around February 16, 2015, i.e., approximately six months after an industrial injury of August 22, 2014. However, the MTUS Guideline in ACOEM Chapter 12, page 301 notes that lumbar supports are not recommended outside of the acute phase of symptom relief. Here, however, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request. Therefore, the request is not medically necessary.

**Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180 Grams Qty 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Similarly the request for a gabapentin containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Cyclobenzaprine 2%, Flurbiprofen 25% 180 Grams: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Finally, the request for a cyclobenzaprine-flurbiprofen topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on

page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.