

<b>Case Number:</b>	CM15-0081580		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	04/14/2001
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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, California  
 Certification(s)/Specialty: 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:

This 51-year-old male sustained an industrial injury on 4/14/01. He subsequently reported back, hip and shoulder pain. Diagnoses include degeneration of lumbar or lumbosacral joint and pain in joint involving shoulder region. Treatments to date include x-ray and MRI testing, surgeries, acupuncture, therapy and prescription medications. The injured worker continues to experience pain in the shoulder, hip, back and knees. Upon examination, strength was normal in all areas, muscle tone was normal without atrophy and straight leg raising test was negative. A request for acupuncture x 12 sessions, Nabumetone-Relafen, Topamax-Topiramate and Tramadol/APAP medications was made by the treating physician. The patient sustained the injury due to a trip and fall incident. Per the doctor's note, dated 4/7/15 patient had complaints of low back pain with radiation and numbness in LE. Physical examination of the low back revealed muscle spasm, tenderness on palpation, positive axial loading test, negative SLR and 5/5 strength. The medication list includes Nabumatome, Tramadol, Pantoprazole, Glucosamine and Topamax. Per the doctor's note, dated 5/6/15 patient had complaints of pain in shoulder, back, hip and knees and numbness in bilateral leg. Physical examination of the low back revealed tenderness on palpation, decreased sensation and 5/5 strength. The patient's surgical history includes right shoulder arthroscopic surgery and bilateral hip surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 12 sessions for the low back: Upheld**

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

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

**Decision rationale:** Request: Acupuncture x 12 sessions for the low back MTUS Guidelines Acupuncture Medical Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines. Per the CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records provided did not specify a plan to reduce pain medications, or any intolerance to pain medications that patient is taking currently. CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Patient has received an unspecified number of acupuncture visits for this injury. The requested additional visits in addition to the previously certified acupuncture sessions are more than the recommended by the cited criteria. The prior acupuncture therapy visit notes were not specified in the records provided. There was no evidence of significant ongoing progressive functional improvement from the previous acupuncture visits that was documented in the records provided. Patient has received an unspecified number of PT visits for this injury. Response to any prior rehabilitation therapy including PT/acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain no accompanying current PT/acupuncture evaluation for this patient. Prior conservative therapy visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. The medical necessity, of Acupuncture 2x6 is not fully established.

**Nabumetone-Relafen 500mg #90 with 3 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Nabumetone-Relafen 500mg #90 with 3 refills. Nabumetone belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Nabumetone for this injury. Diagnoses include degeneration of lumbar or lumbosacral joint and pain in joint involving shoulder region. Treatments to date include x-ray and MRI testing, surgeries, acupuncture, therapy and prescription medications. Per the doctor's note, dated 4/7/15 patient had complaints of low back pain with radiation and numbness in LE. Physical examination of the low back revealed muscle spasm, tenderness on palpation

and positive axial loading test. Per the doctor's note dated 5/6/15 patient had complaints of pain in shoulder, back, hip and knees and numbness in bilateral leg. Physical examination of the low back revealed tenderness on palpation, decreased sensation. The patient's surgical history includes right shoulder arthroscopic surgery and bilateral hip surgery. The history and physical exam findings reveal that the pt has significant musculoskeletal pain. NSAIDS like Nabumetone are first line treatment for musculoskeletal pain. The Nabumetone-Relafen 500mg #90 with 3 refills is deemed medically appropriate and necessary for this patient.

**Topamax-Topiramate 25mg #120 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 21, Topiramate.

**Decision rationale:** Topamax-Topiramate 25mg #120 with 3 refills. Topiramate is an antiepileptic drug. According to MTUS guidelines, antiepileptic drugs are "Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail." Patient is having chronic pain and is taking Nabumetone for this injury. Diagnoses include degeneration of lumbar or lumbosacral joint and pain in joint involving shoulder region. Treatments to date include x-ray and MRI testing, surgeries, acupuncture, therapy and prescription medications. Per the doctor's note, dated 4/7/15 patient had complaints of low back pain with radiation and numbness in LE. Physical examination of the low back revealed muscle spasm, tenderness on palpation and positive axial loading test. Per the doctor's note, dated 5/6/15 patient had complaints of pain in shoulder, back, hip and knees and numbness in bilateral legs. Physical examination of the low back revealed tenderness on palpation, decreased sensation. The patient's surgical history includes right shoulder arthroscopic surgery and bilateral hip surgery. Use of Topamax is medically appropriate and necessary in this patient with chronic pain with neurological symptoms. The request for Topamax-Topiramate 25mg #120 with 3 refills is medically appropriate and necessary in this patient.

**Tramadol/Apap 37.5/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9, 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75, Central acting analgesics: Page 82, Opioids for neuropathic pain.

**Decision rationale:** Tramadol/Apap 37.5/325mg #90 Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth

class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and Norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. Patient is having chronic pain and is already taking Nabumetone for this injury. Diagnoses include degeneration of lumbar or lumbosacral joint and pain in joint involving shoulder region. Treatments to date include x-ray and MRI testing, surgeries, acupuncture, therapy and prescription medications. Per the doctor's note, dated 4/7/15 patient had complaints of low back pain with radiation and numbness in LE. Physical examination of the low back revealed muscle spasm, tenderness on palpation and positive axial loading test. Per the doctor's note, dated 5/6/15 patient had complaints of pain in shoulder, back, hip and knees and numbness in bilateral leg. Physical examination of the low back revealed tenderness on palpation, decreased sensation. The patient's surgical history includes right shoulder arthroscopic surgery and bilateral hip surgery. Patient is already taking a NSAID. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol/Apap 37.5/325mg #90 is deemed as medically appropriate and necessary.