

<b>Case Number:</b>	CM14-0182524		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	02/01/2007
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 35 year-old male with the date of injury of 11/09/2003. The patient presents with pain in his neck and right shoulder, radiating down his right arm with tingling or numbing sensations. There are palpative tenderness over the cervical spine and over his right shoulder with muscle spasms. The patient presents restricted range of cervical motion. The MRI from 02/06/2009 reveals 2mm at C2-3, 2-2.5mm at C3-4 and at C4-5 with stenosis and hypertrophic changes. The patient is currently taking Tizanidine, Tramadol HCL, Omeprazole, Clobenzaprine and Ketoprofen. According to [REDACTED] report on 09/22/2014, diagnostic impressions are; 1) Cervical discopathy 2) Right shoulder impingement syndrome 3) S/P AME 02/12/2008 and 02/14/2009. The utilization review determination being challenged is dated on 08/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/14/2014 to 10/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions; quantity 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Acupuncture Page(s): 13.

**Decision rationale:** The patient presents with pain and weakness in his neck and right shoulder. The request is for 8 sessions of acupuncture. MTUS guidelines, page 13, allow 3-6 sessions of acupuncture treatments for neck or lower back complaints for an initial trial and up to 1-3 times a week and 1-2 months with functional improvement. In this case, the provider does not explain why additional therapy needed at this point or how the patient responded to acupuncture. For additional acupuncture, "functional improvement" defined as significant improvement in ADL's, or change in work status AND decreased dependence in medical treatment must be documented. The review of the reports indicates that the patient has had acupuncture in the past and the provider does not provide any documentation of functional improvement. Recommendation is for denial of additional acupuncture.

**Tizanidine 4 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, medications for chronic pain Page(s): 64-66,60-61.

**Decision rationale:** The patient presents with pain and weakness in his neck and right shoulder. The request is for Tizanidine 4mg #60. MTUS guidelines page 64-66 recommend muscle relaxants as a short course of therapy. Page 66 specifically discusses Tizanidine and supports it for low back pain, myofascial and fibromyalgia pain. All reports provided by the provider indicate that the patient has been using Tizanidine. There is no indication of how Tizanidine has been helpful in terms of decreased pain, functional improvement. MTUS page 60 require documentation of pain and function and medications are used for chronic pain. Recommendation is for denial.

**Tramadol HCL 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89,76-78.

**Decision rationale:** The patient presents with pain and weakness in his neck and right shoulder. The request is for Tramadol HCL 50mg #60. The review of the reports shows that the patient started taking Tramadol HCL 50mg since at least 06/02/2014. MTUS guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. There are no discussions regarding ADLs and Cures report, for example. MTUS also

required the use of a validated instrument to describe functional improvement at least once every 6 months which is not provided. "Pain assessment" issues are not provided as required. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Recommendation is for denial.

**Omeprazole 20 mg #60:** Upheld

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

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

**Decision rationale:** The patient presents with pain and weakness in his neck and right shoulder. The request is for Omeprazole 20mg #60. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the provider does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. There are no documentations of any GI problems such as GERD or gastritis to warrant the use of PPI either. Recommendation is for denial.