

<b>Case Number:</b>	CM15-0113460		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	06/07/2004
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: 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 06/07/2004. The injured worker is currently not working and permanent and stationary. The injured worker is currently diagnosed as having cervical strain, right shoulder pain following arthroscopy, right elbow pain status post medial epicondylar reconstruction, right carpal tunnel syndrome, L5-S1 disc injury with extruded disc and annular tear/facet joint symptoms, right knee osteoarthritis following arthroscopy, and depression. Treatment and diagnostics to date has included psychiatric treatment, physical therapy, right shoulder surgery, right elbow surgery, right knee surgery, and medications. In a progress note dated 05/08/2015, the injured worker presented with complaints of neck, right shoulder, and low back pain. Objective findings include tenderness in the cervical region with muscle spasms and right knee tenderness. The treating physician reported requesting authorization for MRI of the cervical spine, acupuncture for the neck and low back, Gabapentin, Motrin, and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI scan of cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The patient was injured on 06/07/04 and presents with neck pain, right upper extremity pain, and right knee pain. The request is for a MRI scan of the cervical spine. The RFA is dated 05/08/15 and the patient is permanent and stationary. Review of the reports provided does not indicate if the patient has had a prior MRI of the cervical spine. Regarding MRI, the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under Special Studies and Diagnostic and Treatment Considerations' states: "Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans". ACOEM further states that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist". ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit. The patient is diagnosed with cervical strain, right shoulder pain following arthroscopy, right elbow pain status post medial epicondylar reconstruction, right carpal tunnel syndrome, L5- S1 disc injury with extruded disc and annular tear/facet joint symptoms, right knee osteoarthritis following arthroscopy, and depression. She has tenderness in the paraspinal musculature of the cervical spine and muscle spasm. Review of the reports provided does not indicate if the patient has had a prior MRI of the cervical spine. Given that the patient continues to have cervical spine pain and does not have a recent MRI of the cervical spine, the request appears reasonable. Therefore, the requested MRI of the cervical spine is medically necessary.

**6 sessions of acupuncture therapy for neck: Upheld**

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

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

**Decision rationale:** The patient was injured on 06/07/04 and presents with neck pain, right upper extremity pain, and right knee pain. The request is for 6 sessions of acupuncture therapy for the neck. The RFA is dated 05/08/15 and the patient is permanent and stationary. The utilization review denial letter states that the patient has had acupuncture sessions since 2012. MTUS Guidelines, Acupuncture, page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant

improvement in ADLs, or change in work status and reduced dependence on medical treatments. The patient is diagnosed with cervical strain, right shoulder pain following arthroscopy, right elbow pain status post medial epicondylar reconstruction, right carpal tunnel syndrome, L5-S1 disc injury with extruded disc and annular tear/facet joint symptoms, right knee osteoarthritis following arthroscopy, and depression. It appears that the patient has already had acupuncture sessions prior to this request. However, it is unknown how many total sessions of acupuncture the patient has had to date, when these session occurred, and how these acupuncture sessions impacted the patient's pain and function. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of acupuncture cannot be reasonably warranted as the medical necessity. The request is not medically necessary.

**6 sessions of acupuncture therapy for low back: Upheld**

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

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

**Decision rationale:** The patient was injured on 06/07/04 and presents with neck pain, right upper extremity pain, and right knee pain. The request is for 6 sessions of acupuncture therapy for the low back. The RFA is dated 05/08/15 and the patient is permanent and stationary. The utilization review denial letter states that the patient has had acupuncture sessions since 2012. MTUS Guidelines, Acupuncture, page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The patient is diagnosed with cervical strain, right shoulder pain following arthroscopy, right elbow pain status post medial epicondylar reconstruction, right carpal tunnel syndrome, L5-S1 disc injury with extruded disc and annular tear/facet joint symptoms, right knee osteoarthritis following arthroscopy, and depression. It appears that the patient has already had acupuncture sessions prior to this request. However, it is unknown how many total sessions of acupuncture the patient has had to date, when these session occurred, and how these acupuncture sessions impacted the patient's pain and function. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of acupuncture cannot be reasonably warranted as the medical necessity. The request is not medically necessary.

**Gabapentin 600mg #30 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18 and 19.

**Decision rationale:** The patient was injured on 06/07/04 and presents with neck pain, right upper extremity pain, and right knee pain. The request is for Gabapentin 600 mg #30 with 2 refills for neuropathic pain. The RFA is dated 05/08/15 and the patient is permanent and stationary. MTUS Guidelines, Gabapentin, pages 18 and 19 revealed the following: "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain". MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient is diagnosed with cervical strain, right shoulder pain following arthroscopy, right elbow pain status post medial epicondylar reconstruction, right carpal tunnel syndrome, L5-S1 disc injury with extruded disc and annular tear/facet joint symptoms, right knee osteoarthritis following arthroscopy, and depression. The 05/08/15 report states that "the patient is taking pain medication which temporarily helps". MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. The treater does not specifically discuss efficacy of Gabapentin on any of the reports provided. Due to lack of documentation, the request is not medically necessary.

**Motrin 800mg #90 with 2 refills:** Upheld

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

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

**Decision rationale:** The patient was injured on 06/07/04 and presents with neck pain, right upper extremity pain, and right knee pain. The request is for Motrin 800 mg #90 with 2 refills as an anti-inflammatory. The RFA is dated 05/08/15 and the patient is permanent and stationary. MTUS Guidelines, Anti-inflammatory Medications, page 22 states that "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. MTUS page 60 also states, "a record of pain and function with the medication should be recorded," when the medications are used for chronic pain. The patient is diagnosed with cervical strain, right shoulder pain following arthroscopy, right elbow pain status post medial epicondylar reconstruction, right carpal tunnel syndrome, L5-S1 disc injury with extruded disc and annular tear/facet joint symptoms, right knee osteoarthritis following arthroscopy, and depression. The 05/08/15 report states that "the patient is taking pain medication which temporarily helps". In this case, none of the reports provided indicate how Motrin has specifically impacted the patient's pain and function, as required by MTUS page 60. Therefore, the requested Motrin is not medically necessary.

**Prilosec 20mg #60 with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 60 and 69.

**Decision rationale:** The patient was injured on 06/07/04 and presents with neck pain, right upper extremity pain, and right knee pain. The request is for Prilosec 20 mg #60 with 2 refills. The RFA is dated 05/08/15 and the patient is permanent and stationary. MTUS Guidelines, NSAIDs, page 60 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI". The patient is diagnosed with cervical strain, right shoulder pain following arthroscopy, right elbow pain status post medial epicondylar reconstruction, right carpal tunnel syndrome, L5-S1 disc injury with extruded disc and annular tear/facet joint symptoms, right knee osteoarthritis following arthroscopy, and depression. The 05/08/15 report states that the patient needs Prilosec to "treat the stomach upset which sometimes occurs when the patient takes medication to treat her orthopedic problems". As of 05/08/15, the patient is taking Motrin and Gabapentin. Given that the patient continues to have "stomach upset," the requested Prilosec appears reasonable. Use of PPIs is indicated for GERD and other stomach issues, as this patient is diagnosed with. Therefore, the requested Prilosec is medically necessary.