



<b>Case Number:</b>	CM15-0115460		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	11/03/2009
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 55 year old female, who sustained an industrial injury on November 3, 2009. Treatment to date has included chiropractic care, acupuncture, medications, epidural steroid injection, and home exercises, and MRI of the cervical spine. Currently, the injured worker complains of pain in the right paracervical trapezius muscles with radiation of pain down the rue. She reports intermittent numbness and tingling in the right hand and notes some pain in the right wrist. She has radiation of pain with associated numbness affecting the right thumb and first two digits of the right hand. On physical examination the injured worker has decreased flexion, extension and bilateral bending and rotation by 10 percent of normal. She has tenderness to palpation over the right paracervical muscles and tenderness to palpation over the right trapezius muscles and the right rhomboid muscles. She has muscles spasms and trigger points in the right trapezius and paracervical muscle areas and decreased sensation in the right thumb and first two and half digits. She exhibits normal strength and reflexes in the bilateral upper extremities. She has positive right Spurling's sign and positive Tinel's sign at the right wrist. The diagnoses associated with the request include right cervical strain, right cervical radiculopathy, right repetitive strain injury to the hand, right wrist strain and worsening carpal tunnel syndrome versus worsening right cervical radiculopathy. The treatment plan includes reduced work schedule, Naprosyn, Omeprazole, Flexeril, Neurontin, eight sessions of acupuncture, EMG/NCV of the bilateral upper extremities to rule out cervical radiculopathy versus carpal tunnel syndrome.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions 2x4 (cervical, right upper extremity): Upheld**

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

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

**Decision rationale:** Based on the 5/20/15 psychiatry consultation report provided by the treating physician, this patient presents with pain in the right paracervical trapezius muscles with radiation of pain down the right upper extremities with numbness/tingling into the right hand/right thumb and first two digits. The patient also has acute muscle spasms in the right trapezius muscle area, and said that acupuncture helped her tremendously with the pain which was over 1.5 years ago per 5/20/15 report. The treater has asked for Acupuncture sessions 2x4 (cervical, right upper extremity) on 5/22/15 "to avoid surgical intervention" but the requesting progress report is not included in the provided documentation. The patient's diagnoses per Request for Authorization form dated 5/22/15 are myofascial pain, cervical radiculopathy and repetitive strain injury upper ext. The patient does not have a history of cervical surgeries. The patient is currently taking Tylenol with Codeine as of 5/20/15. The patient's work status is full duties as per QME report. 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 has already had acupuncture sessions 1.5 years ago, and the patient says that "acupuncture did help her tremendously in the past with her pain" per 5/20/15 report. However, it is unknown how many total sessions of acupuncture the patient has had to date, 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 requested 8 sessions of acupuncture for the lumbar spine IS NOT medically necessary.

**Urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 4/6/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management section.

**Decision rationale:** Based on the 5/20/15 psychiatry consultation report provided by the treating physician, this patient presents with pain in the right paracervical trapezius muscles with

radiation of pain down the right upper extremities with numbness/tingling into the right hand/right thumb and first two digits. The patient also has acute muscle spasms in the right trapezius muscle area, and said that acupuncture helped her tremendously with the pain which was over 1.5 years ago per 5/20/15 report. The treater has asked for Urine drug screen on 5/22/15 but the requesting progress report is not included in the provided documentation. The patient's diagnoses per Request for Authorization form dated 5/22/15 are myofascial pain, cervical radiculopathy and repetitive strain injury upper ext. The patient does not have a history of cervical surgeries. The patient is currently taking Tylenol with Codeine as of 5/20/15. The patient's work status is full duties as per QME report. MTUS p77, under Opioid management section: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at 'high risk' of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, a request for UDS is noted in progress report dated 5/20/15. MTUS supports the use of urine toxicology screening in patients using opioids. However, the progress reports do not document when the patient was tested the last time. The treating physician does not discuss the patient's opioid dependence risk either. MTUS only supports annual testing in low-risk patients. Nonetheless, the patient is taking Tylenol with Codeine. Hence, UDS appears reasonable and IS medically necessary.

**Prospective use of Naproxen 550mg (quantity and strength unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** Based on the 5/20/15 psychiatry consultation report provided by the treating physician, this patient presents with pain in the right paracervical trapezius muscles with radiation of pain down the right upper extremities with numbness/tingling into the right hand/right thumb and first two digits. The patient also has acute muscle spasms in the right trapezius muscle area, and said that acupuncture helped her tremendously with the pain which was over 1.5 years ago per 5/20/15 report. The treater has asked for Prospective use of Naproxen 550mg (quantity and strength unspecified) on 5/20/15 "for inflammation." The patient's diagnoses per Request for Authorization form dated 5/22/15 are myofascial pain, cervical radiculopathy and repetitive strain injury upper ext. The patient does not have a history of cervical surgeries. The patient is currently taking Tylenol with Codeine as of 5/20/15. The patient's work status is full duties as per QME report. MTUS Anti-inflammatory medications section, pg 22: "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 Medications for chronic pain section pg60: "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. It appears that Naproxen "for inflammation" was prescribed as a refill during the 5/20/15 visit. The patient has been taking Naproxen since 5/13/15 per utilization review letter dated 6/5/15. The treater, however, does not document the efficacy of Naproxen, which was used until now, on the patient's pain and function, as required by MTUS page 60 for all pain medications. Hence, the request IS NOT medically necessary.

**Prospective use of Omeprazole 20mg (quantity and strength unspecified): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs - Treatment of dyspepsia secondary to NSAID therapy Page(s): 69.

**Decision rationale:** Based on the 5/20/15 psychiatry consultation report provided by the treating physician, this patient presents with pain in the right paracervical trapezius muscles with radiation of pain down the right upper extremities with numbness/tingling into the right hand/right thumb and first two digits. The patient also has acute muscle spasms in the right trapezius muscle area, and said that acupuncture helped her tremendously with the pain which was over 1.5 years ago per 5/20/15 report. The treater has asked for Prospective use of Omeprazole 20mg (quantity and strength unspecified) on 5/22/15. The patient's diagnoses per Request for Authorization form dated 5/22/15 are myofascial pain, cervical radiculopathy and repetitive strain injury upper ext. The patient does not have a history of cervical surgeries. The patient is currently taking Tylenol with Codeine as of 5/20/15. The patient's work status is full duties as per QME report. MTUS NSAIDs section pg. 69: "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPIs are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for Omeprazole, the provider has not included GI assessment or complaints of GI upset to substantiate such a medication. This patient has been prescribed Omeprazole since at least 5/20/15, though efficacy is not addressed in the subsequent reports. While this patient was concurrently prescribed Naproxen for inflammation, there is no discussion of gastric complaints secondary to NSAID use, or evidence of GI symptom relief owing to PPI utilization. Therefore, the request IS NOT medically necessary.

**Prospective use of Neurontin 600mg (quantity and strength unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

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

**Decision rationale:** Based on the 5/20/15 psychiatry consultation report provided by the treating physician, this patient presents with pain in the right paracervical trapezius muscles with radiation of pain down the right upper extremities with numbness/tingling into the right hand/right thumb and first two digits. The treater has asked for Prospective use of Neurontin 600mg (quantity and strength unspecified) on per 5/20/15 report "for paresthesias." The patient's diagnoses per Request for Authorization form dated 5/22/15 are myofascial pain, cervical radiculopathy and repetitive strain injury upper ext. The patient does not have a history of cervical surgeries. The patient is currently taking Tylenol with Codeine as of 5/20/15. The patient's work status is full duties as per QME report. MTUS, Gabapentin section, pg 18, 19: "Gabapentin -Neurontin, Gabarone, generic available- has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS Pain Outcomes and Endpoints Chapter, pg 9: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." In regard to the continuation of Gabapentin, pain reduction or functional improvement attributed to this medication has not been established. This patient has been prescribed Gabapentin since at least 5/13/15, as per utilization review letter dated 6/5/15. However, efficacy of Gabapentin is not addressed in the subsequent reports, and the provider neglects to provide any documentation of efficacy or discussion of functional improvement. While this patient presents with significant chronic pain symptoms, progress notes neglect to document analgesia or functional improvements attributed to medications. MTUS guidelines required documentation of analgesia and functional improvement to substantiate continued use of medications when used for pain, but none is provided. Therefore, the request IS NOT medically necessary.

**Prospective use of Flexeril 7.5mg (quantity and strength unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** Based on the 5/20/15 psychiatry consultation report provided by the treating physician, this patient presents with pain in the right paracervical trapezius muscles with radiation of pain down the right upper extremities with numbness/tingling into the right hand/right thumb and first two digits. The treater has asked for Prospective use of Flexeril 7.5mg (quantity and strength unspecified) on 5/20/15 report. The treater has asked for Prospective use of Omeprazole 20mg (quantity and strength unspecified) on 5/22/15. The patient's diagnoses per Request for Authorization form dated 5/22/15 are myofascial pain, cervical radiculopathy and repetitive strain injury upper ext. The patient does not have a history of cervical surgeries. The patient is currently taking Tylenol with Codeine as of 5/20/15. The patient's work status is full duties as per QME report. MTUS Muscle relaxants section, page 63-

66: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 5/13/15 per utilization review letter dated 6/5/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of lower back or cervical pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks. The request is for an unspecified quantity of tablets, but in addition to prior use, does not imply the intent to limit use of this medication to 2-3 weeks. Therefore, the request IS NOT medically necessary.