

<b>Case Number:</b>	CM15-0171587		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	12/10/2009
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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, Pain Management

### 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 60 year old male, who sustained an industrial injury on 12-10-2009. The injured worker is being treated for facet arthropathy of the lumbar spine and lumbar radiculopathy. Treatment to date has included diagnostics, prior acupuncture, transcutaneous electrical nerve stimulation (TENS), 24 sessions of physical therapy, bracing, cane for ambulation and medications. Medications as of 7-21-2015 include Ultracet, Naproxen and Prilosec. Per the Primary Treating Physician's Progress Report dated 7-21-2015, the injured worker presented for follow-up of neck and back complaints. He reported 8-9 out of 10 pain and denies any radiation, numbness, tingling or weakness in the bilateral upper extremities. Objective findings included diffuse tenderness throughout the lumbar spine with decreased range of motion. Per the medical records dated 3-30-2015 to 7-21-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The plan of care included medications and continuation of acupuncture. Authorization was requested for Ultracet (Tramadol-APAP) 37.5-325mg #60, Naproxen 550mg #60, Prilosec 20mg #60, ibuprofen 800mg #60, CM4 cap 0.05% and Cyclo 4%, and 8 sessions of acupuncture (2x4) for the upper back. On 8-24-2015, Utilization Review non-certified the request for ibuprofen 800mg #60, CM4 cap 0.05% and Cyclo 4%, Tramadol-APAP 37.5-325mg #60 and 8 sessions of acupuncture (2x4) for the upper back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800 mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Regarding the request for ibuprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the patient is already on Naproxen without documented treatment failure. It is unclear why 2 different NSAIDs are indicated at the same time. In the absence of such documentation, the current request is not medically necessary.

**Tramadol/APAP 37.5/325mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** Regarding the request for Ultracet (tramadol/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function and pain. There is no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultracet (tramadol/acetaminophen) is not medically necessary.

**CM4-Cap 0.05% + Cyclo 4% with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Regarding the request for topical medications, one of the components is cyclobenzaprine. Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Since any formulation must have all components as recommended in order for the formulation to be medically necessary, this request is not medically necessary.

**Acupuncture 2 times per week for 4 weeks to upper back area:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional acupuncture is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions" and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, there is documentation of prior acupuncture, yet the functional outcome of this prior treatment is not available in the submitted records. Given this, the currently requested acupuncture is not medically necessary.