

<b>Case Number:</b>	CM15-0099895		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 28-year-old male, who sustained an industrial injury on 09/19/2014. He reported injuring his right shoulder and neck while working as a dockhand. The injured worker is currently able to work with modifications. The injured worker is currently diagnosed as having thoracic sprain, cervical disc degeneration, and lumbar disc displacement. Treatment and diagnostics to date has included lumbar spine MRI which showed disc protrusion and facet degenerative changes, electromyography/nerve conduction velocity studies which showed moderate compromise of the right median motor and sensory fibers across the wrist, normal thoracic spine MRI, cervical spine MRI which showed disc desiccation and degeneration, physical therapy, and medications. In a progress note dated 04/29/2015, the injured worker presented with complaints of continued neck pain, rated at 5 out of 10-pain level. Objective findings include neck tenderness with spasm. The treating physician reported requesting authorization for acupuncture, Carisprodol, and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 acupuncture sessions:** Upheld

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

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

**Decision rationale:** The patient is a 28-year-old male with an injury on 09/19/2014. He has neck pain and right shoulder pain. EMG/NCS revealed carpal tunnel syndrome with no cervical radiculopathy. He had a normal thoracic spine MRI and degenerative changes on the cervical spine MRI. MTUS acupuncture guidelines allow a maximum of 3 to 6 visits to document efficacy before more visits can be provided. The requested 10 visits is not consistent with MTUS guidelines and are not medically necessary.

**Carisoprodol 350mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The patient is a 28-year-old male with an injury on 09/19/2014. He has neck pain and right shoulder pain. EMG/NCS revealed carpal tunnel syndrome with no cervical radiculopathy. He had a normal thoracic spine MRI and degenerative changes on the cervical spine MRI. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS does not improve pain relief. Long-term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary. Additionally, Carisoprodol is a muscle relaxant that is metabolized to Meprobamate, a controlled substance with a high addiction risk. MTUS guidelines specifically note on page 29 of Chronic Pain guidelines that this medication is not recommended.

**Ambien 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ambien, FDA approved package insert.

**Decision rationale:** The patient is a 28-year-old male with an injury on 09/19/2014. He has neck pain and right shoulder pain. EMG/NCS revealed carpal tunnel syndrome with no cervical radiculopathy. He had a normal thoracic spine MRI and degenerative changes on the cervical spine MRI. Ambien dosage has been reduced since many patients taking 10 mg have increasing blood levels. The dose for women has been reduced to 5 mg and for men there are some who have increasing blood levels on a 10 mg dose. The requested 20 mg is not consistent with the FDA approved package insert and is not medically necessary. Also, Ambien is for short-term use only.