

<b>Case Number:</b>	CM15-0127477		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	10/09/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, 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 47 year old male who sustained an industrial injury on 10/09/2014. Mechanism of injury occurred when he was a passenger in a motor vehicle accident. Diagnoses include traumatic spondylopathy of the cervical spine, lumbar disc displacement without myelopathy, cruciate ligament sprain of the right knee and thoracic sprain-strain. Treatments to date has included medications, and 13 sessions of acupuncture and had shown significant functional improvement, chiropractic sessions and use of a back brace. A Magnetic Resonance Imaging of the right knee done on 05/20/2015 showed mild chondromalacia of the patella, a Baker cyst, horizontal tear of the posterior horn and body of the medial meniscus, mild tricompartmental osteoarthritic changes, and mild chondromalacia of the medial compartment. He is totally temporarily disabled. A physician progress note dated 05/28/2015 documents the injured worker complains of frequent severe pain to the cervical spine and was described as sharp, burning, aching and intense. There is spasming and tenderness to the bilateral paraspinal muscles from C2 to C7, and bilateral sub-occipital muscles and bilateral upper shoulder muscles. Distraction test was positive bilaterally. Shoulder depression test was positive bilaterally. The right brachioradialis reflex was decreased. He has complaints of frequent moderate pain in the thoracic spine that he describes as aching. He has +3 spasm and tenderness to the bilateral paraspinal muscle from T3 to T9. The lumbar spine pain is constant and severe and is described as burning, aching, and throbbing. There was +2 spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1 and multifidus. Kemp's test was positive bilaterally. The straight leg raise test was positive on the right. Yeoman's was positive bilaterally and the right Achilles reflex was decreased. He has right knee pain that is intermittent and minimal as was

described as throbbing. His knee occasionally locks. There was +3 spasm and tenderness to the right anterior joint line and popliteal fossa. P-A Drawer test was positive on the right. The sensation and muscle strength was intact. He The medications listed are meloxicam, cyclobenzaprine, topicals and Ultram. He completed heel and toe ambulation without difficulty. Treatment requested is for Acupuncture 3 x 2 lumbar spine, Acupuncture 3 x 2 cervical spine, Acupuncture 3 x 2 right knee, Acupuncture 3 x 2 thoracic spine, Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, #1 with 2 refills, Lidocaine 6%, Gabapentin 10%, Ketoprofen 10% 180gm #1 with 2 refills, MRI 3D cervical spine, Psychosocial factor screening, Qualified Functional Capacity Evaluation, Ultram 50mg #10 with 2 refills, Work Hardening Screen for work hardening program, and x rays of the orbits.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture 3 x 2 cervical spine:** Upheld

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

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

**Decision rationale:** The CA MTUS - Acupuncture guidelines recommend that acupuncture can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of acupuncture treatments can result in pain relief, reduction of medications utilization and functional restoration. The records indicate that the patient had previously completed series of acupuncture treatments. There is limited objective findings that to support exacerbation of the musculoskeletal pain. The objective findings did not support the stated subjective complaints of severity of the musculoskeletal pain. The guidelines recommend that patients continue with conservative management that includes a home exercise program and medications after completion of active treatments including acupuncture. The criteria for acupuncture 3 X 2 to cervical spine was not met. The request is not medically necessary.

**Acupuncture 3 x 2 Lumbar spine:** Upheld

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

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

**Decision rationale:** The CA MTUS - Acupuncture guidelines recommend that acupuncture can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of acupuncture treatments can result in pain relief, reduction of medications utilization and functional restoration. The records indicate that the patient had previously completed series of acupuncture treatments. There is limited objective findings that to support exacerbation of the musculoskeletal pain. The objective findings did not support the stated subjective complaints of severity of the musculoskeletal pain. The guidelines recommend that patients continue with conservative management that includes a home exercise program and medications after completion of active treatments including acupuncture. The criteria for acupuncture 3 X 2 to lumbar spine was not met. The request is not medically necessary.

**Acupuncture 3 x 2 right knee:** Upheld

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

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

**Decision rationale:** The CA MTUS - Acupuncture guidelines recommend that acupuncture can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of acupuncture treatments can result in pain relief, reduction of medications utilization and functional restoration. The records indicate that the patient had previously completed series of acupuncture treatments. There is limited objective findings that to support exacerbation of the musculoskeletal pain. The objective findings did not support the stated subjective complaints of severity of the musculoskeletal pain. The guidelines recommend that patients continue with conservative management that includes a home exercise program and medications after completion of active treatments including acupuncture. The criteria for acupuncture 3 X 2 to right knee was not met. The request is not medically necessary.

**Acupuncture 3 x 2 thoracic spine:** Upheld

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

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

**Decision rationale:** The CA MTUS - Acupuncture guidelines recommend that acupuncture can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of acupuncture treatments can result in pain relief, reduction of medications utilization and functional restoration. The records indicate that the patient had previously completed series of acupuncture treatments. There is limited objective findings that to support exacerbation of the musculoskeletal pain. The objective findings did not support the stated subjective complaints of severity of the musculoskeletal pain. The guidelines recommend that patients continue with conservative management that includes a home exercise program and medications after completion of active treatments including acupuncture. The criteria for acupuncture 3 X 2 to thoracic spine was not met. The request is not medically necessary.

**Lidocaine 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, #1 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): Antiepilepsy drugs (AEDs), Medications for chronic pain, Muscle relaxants (for pain), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when standard orally administered anticonvulsant and antidepressant medications have failed. The records did not show subjective and objective findings that is consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with the first line medications. The guidelines recommend that topical products be utilized and evaluated individually for efficacy. There is lack of guidelines support for the utilization of topical formulations of cyclobenzaprine and baclofen for the treatment of chronic neuropathic pain. The

criteria for the use of lidocaine 15% / cyclobenzaprine 2% / baclofen 2% / lidocaine 5% #1 with 2 refills was not met. The request is not medically necessary.

**Lidocaine 6%, Gabapentin 10%, Ketoprofen 10% 180gm #1 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): Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Lidoderm (lidocaine patch), Medications for chronic pain, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when standard orally administered anticonvulsant and antidepressant medications have failed. The records did not show subjective and objective findings that is consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with the first line medications. The guidelines recommend that topical products be utilized and evaluated individually for efficacy. There is lack of guidelines support for the utilization of topical formulations of gabapentin or ketoprofen for the treatment of chronic musculoskeletal pain. The criteria for the use of lidocaine 6% / gabapentin 10% / ketoprofen 10% 180 gm #1 with 2 refills was not met. The request is not medically necessary.

**MRI 3D cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Neck & Upper Back (updated 5/12/15, Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of deterioration of cervical pain with neurological deficit when clinical examinations and standard X-ray is inconclusive. The MRI test of the cervical spine can also be beneficial in the evaluation of a red flag condition. There is lack of guidelines support for the utilization of a special 3D MRI of the cervical spine. The records indicate that the patient had previously completed radiological evaluations. There is no documentation of progressive neurological deficit or a red flag condition. The criteria for the use of MRI 3D cervical spine was not met. The request is not medically necessary.

**Psychosocial factor screening:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Initial Assessment, Treatment, Work-Relatedness, and Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients can be referred for expert evaluation when the diagnosis is too complex or if significant psychosomatic disorders are associated with the chronic pain syndrome. The records did not show that the patient had subjective or objective findings consistent with a diagnosis of psychosomatic disorders. There is no documentation of failure of treatment with first line antidepressant or mood stabilizers. The criteria for psychosocial factor screening was not met. The request is not medically necessary.

**Qualified Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Second Edition, Chapter 7, pages 137 and 138.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Functional improvement measures, Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back Low Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Functional Capacity Evaluation can be utilized as part of return to work preparation after completion of active medical treatments. The records did not show that the patient had completed active diagnostic and treatment programs. There are ongoing subjective and objective findings that had not been fully evaluated. The criteria for Qualified functional capacity evaluation was not met. The request is not medically necessary.

**Ultram 50mg #10 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, criteria for use, Opioids, dosing, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAID, non opioid co-analgesic and PT have failed. The chronic use of opioid can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records did not show that treatment with orally administered NSAIDs or co-analgesic medications. There is no documentation of guidelines required compliance monitoring of UDS, CURESS data reports or functional restoration. The guidelines did not recommend the prescription of opioid refills without clinic re-evaluation and

documentation of compliance with treatment. The criteria for Ultram 50mg #10 with 2 refills was not met. The request is not medically necessary.

**Work Hardening Screen for work hardening program:** 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): Chronic pain programs (functional restoration programs), Functional improvement measures, Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Work Hardening program.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that work hardening program can be utilized as part of return to work preparation after completion of active medical treatments. The records did not show that the patient had completed active diagnostic and treatment programs. There are ongoing subjective and objective findings that had not been fully evaluated or treated. The records did not show that the patient is actively considering return to work in the immediate future. The criteria for Work Hardening Screen for work hardening program was not met. The request is not medically necessary.

**X-ray of the orbits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jarvik J. G and Ramsey, J.G. Radiographics screening for orbital foreign bodies prior to MR imaging.

**MAXIMUS guideline:** Decision based on MTUS Eye 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Head.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that X-ray can be utilized for the evaluation of skeletal conditions when clinical examination is inconclusive. The MRI or CT test of the eyes can also be utilized for the evaluation of a red flag condition. The records indicate that the patient had previously completed radiological evaluations. There is no documentation of progressive condition or a red flag condition of the orbits. The criteria for the use of X-ray of the orbits was not met. The request is not medically necessary.