

<b>Case Number:</b>	CM13-0020420		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54-year-old female with continuing pain to her coccyx after sustaining a fall at a restaurant during a company function. The date of injury was 12/13/11. The patient was diagnosed with lumbosacral sprain and thoracic sprain. The patient was treated with medications, physical therapy, and massage therapy. Requests were submitted for 16 acupuncture sessions, Fexmid, Voltaren XR, and urinary drug testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for sixteen (16) acupuncture sessions:** 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 Pain Interventions and Treatments Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Acupuncture

**Decision rationale:** Acupuncture is used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation. The OGD states that acupuncture is not recommended for acute back pain, but is recommended as an option for chronic low back pain in conjunction with other active interventions. Acupuncture is recommended when use as an

adjunct to active rehabilitation. In this case the patient was not participating in active rehabilitation. Therefore, acupuncture cannot be recommended.

**Fexmid:** 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 Pain Interventions and Treatments Section Page(s): 41-42, 63.

**Decision rationale:** Fexmid is cyclobenzaprine, a muscle relaxant. The Chronic Medical Treatment Guidelines state that muscle relaxants should be used caution as a second-line option only. They may be effective in reducing pain, and muscle tension, and increasing mobility, but have been shown to have little benefit in back pain patients. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. This type of treatment should be brief. In this case, the patient had been treated for several months. This is long past the window of effectiveness for the cyclobenzaprine.

**Voltaren XR:** 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 Pain Interventions and Treatments Page(s): 67-68.

**Decision rationale:** Voltaren is a nonsteroidal anti-inflammatory drug. The Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. A record of pain and function with the medication should be recorded. In this case the patient had been receiving the medication for several months without relief.

**request for a urine toxicology screening:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Pain, Urinary Drug Testing

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. The ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case the patient was not being treated with opioids. There was no need for Urinary Drug Testing.