

Case Number:	CM13-0022457		
Date Assigned:	06/06/2014	Date of Injury:	03/06/2013
Decision Date:	08/19/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/11/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/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:

This is a male patient with the date of injury of March 6, 2013. A utilization review determination dated September 4, 2013 recommends a non-certification of 12-session trial of acupuncture with electrical stimulation, one-month supply of Cyclobenzaprine 7.5 mg, and a one-month supply of tramadol. A progress note dated August 8, 2013 identifies subjective complaints of resolved neck pain and headache and continued low back pain without sciatica. Physical examination identifies tenderness over the spinous processes of L 4 - 5 and L5 - S 1, tenderness of the posterior superior iliac spine, neck flexion at 45, neck extension at 45, bilateral neck rotation at 60, bilateral neck sideband at 45, and no radicular pain. Diagnoses include resolved hyperextension sprain of the cervical spine with upper extremity radiculitis and residual low back sprain without sciatica. The treatment plan recommends a trial of acupuncture at two times per week for six weeks due to the fact that pool therapy was previously denied and the patient still has low back pain, and renewal of medications as needed which include tramadol and Cyclobenzaprine 7.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF ACUPUNCTURE WITH ELECTRICAL STIMULATION: 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 Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for 12 session trial of acupuncture with electrical stimulation, the California MTUS does support the use of acupuncture for chronic pain, with additional use 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 restriction 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. The currently requested 12-session trial of acupuncture with electrical stimulation exceeds the 6-session trial recommended by the guidelines. Therefore, the currently requested 12-session trial of acupuncture with electrical stimulation is not medically necessary.

1 MONTH SUPPLY OF CYCLOBENZAPRINE 7.5 MG: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 63-66 of 127 Page(s): 63-66 of 127.

Decision rationale: Regarding the request for one month supply of Cyclobenzaprine 7.5mg, the Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement because of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment, as recommended by guidelines. In the absence of such documentation, the currently requested one-month supply of Cyclobenzaprine 7.5mg is not medically necessary.

1 MONTH SUPPLY OF TRAMADOL: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 75-79 of 127 Page(s): 75-79 of 127.

Decision rationale: Regarding the request for one-month supply of tramadol, the California Pain Medical Treatment Guidelines state that tramadol is a short acting 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 tramadol is improving the patient's function (in terms of specific objective functional improvement) or pain (in terms of reduced NRS, or percent reduction in pain), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested one-month supply of tramadol is not medically necessary.