

Case Number:	CM13-0023091		
Date Assigned:	11/15/2013	Date of Injury:	03/10/1998
Decision Date:	01/29/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/11/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

This is a male patient with a date of injury of March 10, 1998. A utilization review determination dated September 3, 2013 recommends, modified certification of Tylenol #3 300/3 mg #30, "to allow for the possibility of weaning." Modified certification is recommended for Robaxin 750 mg #45, "to allow for weaning." A UR determination dated August 22, 2013 recommends noncertification of acupuncture. A progress report dated July 10, 2013 includes a subjective complaints stating, "Increased pain neck, low back." Objective examination findings identify, "reviewed report of [REDACTED] with patient." Diagnoses include sprain of the cervical spine with disc protrusion, sprain of the lumbar spine with disc protrusion, tear of the medial and lateral meniscus of left knee, status post meniscectomy right knee, and chondromalacia patella in both knees. Treatment plan recommends acupuncture, Robaxin, and Tylenol number 3. A supplemental AME report dated December 5, 2012 identifies the patient has been provided Robaxin, Tylenol number 3, and acupuncture since at least 2011. The note goes on to state, "Tylenol number 3 is a medication provided to reduce pain and should be provided to [REDACTED]. Robaxin is provided as a muscle relaxant and is also medically appropriate." The note goes on to state, "I have discussed previously that acupuncture is reasonable to do from time to time, as it may reduce his discomfort and most likely reduces need of pain medication, although it is not expected to fix anything or provide lasting relief." A urine drug screen performed on July 25, 2012 is negative for any medications, including codeine which the patient is being prescribed. A urine drug screen dated October 3, 2012 is positive for codeine, hydrocodone, and morphine which are metabolites of Tylenol #3. A progress report dated March 21, 2013 states, "the pain is decreased with laying down, resting and with medications including diclofenac 50 mg b.i.d., Robaxin 750 milligrams QID and Tylenol #3 #3

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 300/3mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-79.

Decision rationale: Regarding the request for Tylenol #3, California Pain Medical Treatment Guidelines state that Tylenol #3 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 Tylenol #3 is improving the patient's function or pain, and no documentation regarding side effects. No recent progress reports identify any reduction in pain (such as a reduction in NRS score, or percent reduction in pain), or specific objective functional improvement as a result of this medication. In the absence of such documentation, the currently requested Tylenol #3 is not medically necessary.

Robaxin 750mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: Regarding the request for Robaxin, Chronic Pain Medical Treatment Guidelines support the use of nonsedating 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 Robaxin specifically has an unknown mechanism of action, but appears to be related to central nervous system depressant effects with related sedative properties. Within the documentation available for review, there is no identification of a specific analgesic benefit (in terms of reduction in NRS score or percent reduction in pain) or specific objective functional improvement as a result of the Robaxin. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Robaxin is not medically necessary.

Acupuncture, 1 time per week for 8 weeks, for the back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for acupuncture, California MTUS state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. They recommend a trial of 3 to 6 visits. Guidelines go on to state that acupuncture beyond an initial trial of 3-6 sessions is supported only when there is evidence of functional improvement, 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." Within the documentation available for review, it is unclear if the patient has previously undergone an acupuncture trial. If so, there is no documentation of sustained reduction in pain or sustained specific objective improvement. Additionally, there is no indication that pain medication is reduced or not tolerated, as recommended by guidelines. Nor is there any identification of objective functional deficits which are to be treated with the requested acupuncture. In the absence of such documentation, the currently requested acupuncture is not medically necessary.