

<b>Case Number:</b>	CM13-0023180		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 and Rehabilitation, has a subspecialty in Interventional Spine 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

41 y.o. female with injury from 9/29/11, suffers from chronic neck, low back and left wrist pain with headaches. Current requests include use of Flexeril and additional acupuncture treatments. 8/12/13 UR letter denied the use of Flexeril based on its chronic use. Additional acupuncture treatments were denied based on lack of documentation of functional improvement and the fact that the patient already had some 24 sessions. [REDACTED] report from 8/27/13 recommends continuing medications. The patient completed 6 sessions of acupuncture with benefit and recommendation was for more sessions for the left shoulder at 2x3. The patient was not working and work status was temporary total disability. His listed diagnoses are post-op right shoulder, impingement and bursitis, left shoulder post-op arthroscopy for subacromial decompression from 1/14/13. 7/30/13 report by orthopedist recommended cortisone injection into her left carpal tunnel for a diagnosis of possible flexor tenosynovitis of the left wrist. 7/23/13 report by [REDACTED] [REDACTED] recommends additional acupuncture and believes more acupuncture will continue to help. The patient was prescribed #90 of Flexeril among other meds. There is a long list of diagnoses including cephalgia, blunt head trauma with post concussive syndrome, cervical strain, left wrist dorsal palmar radiocarpal and intercarpal capsular and ligamentous and synovial irregular thickening; left wrist thinning of the TFC; Bilateral hand paresthesias, lumbar sprain. "[REDACTED] [REDACTED] has completed 6/6 acupuncture sessions. She feels that acupuncture helps as it decreases the level of pain for a day." The patient takes flexeril, naproxen and ultram. Regions of pain complaints include the shoulders, neck, wrist and low back. No specific discussion regarding the use of Flexeril, how it is used, for what purpose and when. No specific discussion regarding Acupuncture other than what was quoted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** Flexeril is not recommended for more than 4 days for flare-up's and acute exacerbations of chronic pain. Review of the medical reports show that the patient is prescribed Flexeril on a monthly basis for a chronic use. MTUS does not support chronic use of Flexeril and recommendation is for a denial.

**Additional acupuncture to cervical spine and lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation tate Fund Medical UR Program Acupuncture Guidelines..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Acupuncture Treatment Guidelines.

**Decision rationale:** The patient has had numerous acupuncture treatments. The treater states in his report that the treatments help for a day or two. While the treater is asking for continued acupuncture treatments, the request is not consistent with MTUS acupuncture guidelines. There is no evidence that the patient has improved functionally as defined as significant improvement in ADL's/return to work and reduced dependence on medical treatments. In this case, the patient appears to have become dependent of acupuncture treatments without meaningful clinical improvement. Furthermore, the patient already has had adequate treatments and has exceeded the recommended 1-2 month duration of treatment. Recommendation is for a denial.