

Case Number:	CM13-0031349		
Date Assigned:	12/04/2013	Date of Injury:	06/28/2001
Decision Date:	03/18/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

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 Occupational 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 57-year-old female with date of injury 06/28/2001. She is a patient of [REDACTED]. [REDACTED] determined that the patient had reached the point of maximum medical improvement on 08/14/2012. Since that time the patient has had flare-ups of her symptoms and there is a record of treatment on 04/22/2013 and 09/09/2013. Diagnoses listed on 09/09/2013 are cervical/trapezial musculoligamentous sprain/strain and left upper extremity radiculitis with multilevel disc degeneration and spondylosis, mild central stenosis at C5-6 and C6-7, multiple disc bulges, moderate intervertebral foraminal stenosis at C4-5, bilateral neural foraminal stenosis at C5-6, moderate neural foraminal stenosis at C6-7, bilaterally, Arnold-Chiari type I malformation at the craniocervical junction, mild disc protrusions at C5-6 and C6-7. Request is made for an unknown number of acupuncture visits, Norco 2.5/325, and Fexmid 7.5 mg. The medical record is lacking medication history and the number of acupuncture treatments requested. The utilization review physician requested more information in regard to the prescribed medication and more detail regarding the acupuncture. There is no record that this documentation has been provided since the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for Unknown # of Sessions of Acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request is unclear as to how many acupuncture visits are needed. The initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week (3) Optimum duration: 1 to 2 months (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f).

Prospective Request for one (1) prescription of Norco 2.5/325mg # 120: 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 Page(s): s 74-94.

Decision rationale: The medical record fails to provide adequate explanation for the prescribing of Norco 2.5/325. The documentation states only that it is a refill. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. There is no documentation supporting the continued long-term use of opioids.

Prospective Request for one (1) prescription of Fexmid 7.5mg # 60: 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 Page(s): 63.

Decision rationale: The medical record fails to provide the documentation for the length of time the patient has been taking Fexmid, only that it was a refill. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in

American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions.