

Case Number:	CM13-0038265		
Date Assigned:	12/18/2013	Date of Injury:	12/21/2010
Decision Date:	03/18/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/30/2013

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. 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 37-year-old male with a date of injury of 12/21/2010. The listed diagnosis per [REDACTED] dated 08/27/2013 is: (1) Thoracic and lumbar sprain/strain with right lower extremity radiculopathy with MRI study dated 07/05/2013 revealing 1- to 2-mm disk bulge without neuroforaminal central canal stenosis. According to report dated 08/27/2013 by [REDACTED], the patient presents with continued neck pain which radiates to the right upper extremity. The patient reports pain rated at 7-8/10 without medication and 4-5/10 with medication with no side effects. Patient's medication regimen includes Voltaren XR, Fexmid, Remeron, and Ultram ER. Examination of the cervical spine reveals tenderness and muscle guarding over the paravertebral musculature, right-sided greater than left. Spurling's maneuver is positive for radiating symptoms to the hand. There is asymmetric loss of range of motion. Examination of the lumbar spine reveals right side greater than left muscle guarding. Straight leg raise test is noted as negative. There is asymmetric loss of range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100 mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: The patient presents with neck and low back pain. Treating physician is requesting Voltaren XR 100 mg #60. Utilization review dated 09/03/2013 modified certification from #60 to #45. For nonsteroidal anti-inflammatory drugs, the MTUS Guidelines page 67 and 68 state it is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. "Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular, or renal vascular risk factors." The MTUS Guidelines page 22 also supports the use of NSAIDs for chronic lower back pain as a first line of treatment. Given this is a first line of treatment for back pain and patient's continued complaints of pain, recommendation is for authorization.

Fexmid 7.5 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with continued neck and lower back pain. Treating physician requests Fexmid 7.5 mg #60. The MTUS Guidelines page 64 states cyclobenzaprine is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. Medical records provided for review show patient has been taking Fexmid since April 2013 possibly earlier as this is the earliest report provided for review. MTUS does not recommend long-term use of Flexeril. MTUS recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. The requested Fexmid is not medically necessary, and recommendation is for denial.

unknown sessions of acupuncture to thoracolumbar spine: 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 Acupuncture Page(s): 8.

Decision rationale: This patient presents with continued neck and low back pain. Treating physician recommends patient finish last 2 sessions of acupuncture and requests an additional 6 sessions "to further decrease pain and decrease medication use." Medical records show the patient has completed 10 sessions thus far. Progress report dated 08/27/2013 states, "The patient notes better performance of activities of daily living with less pain with acupuncture." The MTUS Guidelines for acupuncture page 8 recommends acupuncture for pain, suffering, and the restoration of function. Its recommended frequency and duration is 3 to 6 treatments to produce

functional improvement 1 to 2 times per week with optimal duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 (e), documentation of clinically significant improvement of ADL or reduction in work restrictions and decreased dependency on medical treatments. In this case, although the treating physician notes "less pain with acupuncture," there are no discussions regarding any decrease in medication usage to warrant extended acupuncture sessions. The requested additional 6 sessions of acupuncture is not medically necessary, and recommendation is for denial.