

<b>Case Number:</b>	CM13-0047718		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain, elbow pain, knee pain, and wrist pain reportedly associated with an industrial injury of February 10, 2009. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy, a left total knee arthroplasty and work restrictions. It does not appear that the applicant's limitations have been accommodated by the employer. In a utilization review report of October 24, 2013, the claims administrator denied a request for acupuncture, approved a request for Norco, approved a request for Voltaren, and denied a request for Flexeril. The claims administrator, it is incidentally noted, cited outdated 2007 MTUS acupuncture guidelines. The claims administrator stated that there was no documentation that the applicant had had prior acupuncture but nevertheless denied the request stating that the attending provider did not provide adequate supporting documentation. In an appeal letter dated January 13, 2014, the attending provider writes that he is seeking acupuncture for the applicant's shoulder pain. The attending provider would like to provide Cyclobenzaprine or Flexeril alongside the acupuncture, it is stated. It is acknowledged that the applicant is already using Norco and Voltaren, however. The attending provider writes that he wishes to add Cyclobenzaprine or Flexeril to the same so as to facilitate physical therapy and improve the applicant's range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture once a week for six weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** As noted in California MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." In this case, the applicant had not had any prior acupuncture, both the claims administrator and the attending provider both concur. Acupuncture can be employed for a wide variety of purposes, per MTUS 9792.24.1.a.1, including for postoperative purposes, for pain control issues and/or as an adjunct to physical medicine and rehabilitation. The six-session course of treatment proposed by the attending provider was therefore indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request is certified.

**Cyclobenzaprine 7.5mg twice daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the California MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant was using two other oral analgesics, namely Norco and Voltaren. Adding Cyclobenzaprine or Flexeril to the mix was not recommended. Therefore, the request is not certified.