

Case Number:	CM13-0047825		
Date Assigned:	12/27/2013	Date of Injury:	02/12/2013
Decision Date:	04/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 expert 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 64-year-old male who reported an injury on 02/12/2013 due to cumulative trauma while performing normal job duties. Previous treatments have included aquatic therapy, physical therapy, multiple medications, and a home exercise program. The patient's most recent clinical evaluation documented that the patient had pain complaints rated at an 8/10 without medications that were reduced to a 5/10 with medications. Physical findings included restricted range of motion of the lumbar spine, a positive straight leg raising test bilaterally, and pain elicited by range of motion. The patient's diagnoses included cervical/trapezial musculoligamentous sprain/strain with left upper extremity radiculitis. The patient's treatment plan included continuation of medications and a trial of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ACUPUNCTURE SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule recommends acupuncture as an adjunct therapy to an active restoration program and to assist with medication

reduction. The clinical documentation submitted for review does not provide any evidence that the patient is currently participating in any active therapy that would benefit from the addition of acupuncture. Additionally, there is no documentation that the patient's intention is to reduce medication intake. Therefore, the need for a trial of acupuncture is not clearly established within the submitted documentation. Also, the request as it is written does not specifically identify which body part the requested treatments would be applied to. Therefore, the appropriateness of the request cannot be determined. As such, the requested 6 acupuncture sessions are not medically necessary or appropriate.

UNKNOWN PRESCRIPTION OF FEXMID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, and Fexmid).

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

Decision rationale: The request as it is written does not specifically identify a dosage, frequency, or duration of treatment. California Medical Treatment Utilization Schedule does not recommend the long-term use of muscle relaxants. California Medical Treatment Utilization Schedule recommends the use of muscle relaxant be limited to short courses of treatment for acute exacerbations of pain. The clinical documentation does not indicate that this is an acute exacerbation of pain. As there is no way to determine the intended duration of treatment, the appropriateness of this medication cannot be determined. As such, the requested unknown prescription of Fexmid is not medically necessary or appropriate.

UNKNOWN PRESCRIPTION OF REMERON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Antidepressants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: California Medical Treatment Utilization Schedule does recommend the use of antidepressants as a first-line medication in the management of chronic pain. However, the dosage, frequency, and intended duration of treatment were not provided in the request. Therefore, the appropriateness of the request cannot be determined. Additionally, there is no documentation that the patient has any functional benefit as a result of the patient's medication usage. Therefore, the requested unknown prescription of Remeron is not medically necessary or appropriate.

1 PRESCRIPTION OF NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. There is no documentation that the patient is monitored for aberrant behavior. The clinical documentation does indicate that the patient has a reduction in pain from an 8/10 to a 9/10, to a 5/10 with medication usage. However, there is no documentation of significant functional benefit as a result of the patient's medication usage. Therefore, continued use would not be supported. As such, 1 prescription of Norco 10/325 mg is not medically necessary or appropriate.