

Case Number:	CM13-0050158		
Date Assigned:	12/27/2013	Date of Injury:	07/04/2004
Decision Date:	04/25/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/08/2013

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 Preventive 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 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:

According to the records made available for review, this is a 54-year-old female with a 7/4/04 date of injury. At the time (10/3/13) of request for authorization for 6 sessions of Acupuncture/Myofascial Massage, 20 Norflex 100mg, 60 Relafen 500mg, and 60 Neurontin 300mg, there is documentation of subjective (back pain rated at 7/10) and objective (decreased painful range of motion to 50%) findings, current diagnoses (degenerative lumbar disc, lumbar sprain/strain, and chronic pain syndrome), and treatment to date (medications (including Norflex, Relafen, and Neurontin since 2/28/13). Regarding Acupuncture/Myofascial Massage, it cannot be determined if this is a request for initial or additional acupuncture or myofascial massage. Regarding Norflex, there is no documentation of acute exacerbation of chronic low back pain, that it is being used as a second line option for short-term treatment, and of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norflex. Regarding Relafen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Relafen. Regarding Neurontin, there is no documentation of neuropathic pain and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF ACUPUNCTURE/MYOFASCIAL MASSAGE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 142-143.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines MASSAGE THERAPY Page(s): 60. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, MASSAGE THERAPY.

Decision rationale: Regarding Acupuncture, MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Regarding Myofascial Massage, MTUS identifies documentation that massage therapy is being used as an adjunct to other recommended treatment (e.g. exercise), as criteria necessary to support the medical necessity of massage therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of objective functional deficits, functional goals and massage used in conjunction with an exercise program, as criteria necessary to support the medical necessity of massage therapy. In addition, ODG recommends a limited course of massage therapy for patients with a diagnosis of lumbago not to exceed 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of degenerative lumbar disc, lumbar sprain/strain, and chronic pain syndrome. However, given documentation of a 7/4/04 date of injury, where there would have been an opportunity to have had previous acupuncture or myofascial massage, it is not clear if this is a request for initial (where previous acupuncture and myofascial massage has not been recent) or additional (where previous acupuncture and myofascial massage is recent and may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) acupuncture and myofascial massage. Therefore, based on guidelines and a review of the evidence, the request for 6 sessions of acupuncture/myofascial massage is not medically necessary.

20 NORFLEX 100MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN), Page(s): 63-64. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, MUSCLE RELAXANTS (FOR PAIN).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of degenerative lumbar disc, lumbar sprain/strain, and chronic pain syndrome. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Norflex since at least 2/28/13, there is no documentation that it is being used as a second line option for short-term treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norflex. Therefore, based on guidelines and a review of the evidence, the request for 20 Norflex 100mg is not medically necessary.

60 RELAFEN 500MG: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degenerative lumbar disc, lumbar sprain/strain, and chronic pain syndrome. In addition, there is documentation of chronic low back pain. Furthermore, there is documentation of records reflecting prescriptions for Relafen since at least 2/28/13. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Relafen. Therefore, based on guidelines and a review of the evidence, the request for 60 Relafen 500mg medically necessary.

60 NEURONTIN 300MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degenerative lumbar disc, lumbar sprain/strain, and chronic pain syndrome. In addition, there is documentation of records reflecting prescriptions for Neurontin since at least 2/28/13. However, there is no documentation of neuropathic pain. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Neurontin. Therefore, based on guidelines and a review of the evidence, the request for 60 Neurontin 300mg is not medically necessary.