

Case Number:	CM13-0059779		
Date Assigned:	12/30/2013	Date of Injury:	04/26/2013
Decision Date:	04/14/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Anesthesiologist, Pain Medicine, and is licensed to practice in Florida. 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 62-year-old female who reported an injury on 04/26/2013. The mechanism of injury involved a fall. The patient is currently diagnosed as status post right subacromial decompression, cervical spine pain, thoracic spine pain, lumbar spine pain, and gastrointestinal complaints. The patient was seen by the provider on 11/05/2013. Physical examination revealed tenderness to palpation of the cervical spine with spasm, decreased cervical range of motion, tenderness to palpation over the right sacroiliac joint and right paraspinal musculature with spasm, positive straight leg raising, tenderness to palpation over the right subacromial region, multiple trigger points noted in the right shoulder girdle, positive Codman testing, positive impingement and cross arm testing, and decreased range of motion. The treatment recommendations included prescriptions for Robaxin and Prilosec, as well as authorization for acupuncture twice per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROBAXIN 750 MG # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic lower back pain. Efficacy appears to diminish over time and ongoing use may lead to dependence. As per the documentation submitted for review, the patient does demonstrate palpable muscle spasm upon physical examination. However, guidelines do not recommend long-term use of this medication. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

ACUPUNCTURE TRIAL FOR RIGHT SHOULDER, LUMBAR SPINE, THORACIC SPINE, AND CERVICAL SPINE, QTY:6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. As per the documentation submitted for review, there is no indication that this patient's pain medication has been reduced or is not tolerated. The frequency and total duration of treatment was not specified in the current request. Based on the clinical information received, the request is non-certified.