

Case Number:	CM13-0068478		
Date Assigned:	06/27/2014	Date of Injury:	02/10/2009
Decision Date:	08/14/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 70-year-old male with a reported injury on 02/10/2009. The mechanism of injury was accumulative trauma to multiple body parts. There was a history of shoulder MRI on 12/12/2012. He had a total knee replacement on 04/21/2010 and he has had previous treatment of medications and physical therapy. The efficacy and the functional deficits or improvements were not provided. The examination dated 08/28/2013 revealed the injured worker had complained of weakness with lifting, pushing, pulling, overhead movement, and forward reaching. The examination revealed that there was a 4/5 muscle weakness and the range of motion was not specific. The office visit reviewed the MRI on 12/12/2012 which showed arthropathy of the acromioclavicular joint, tendinosis, peritendinitis, and tenosynovitis. The medication list consisted of Norco, Voltaren, and Flexeril. The recommended plan of treatment was to schedule acupuncture, continue the medications, and to continue his home exercise program. The request for authorization for the Cyclobenzaprine was signed and dated for 08/28/2013 but the rationale was not provided. The request for authorization for acupuncture was not provided.

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 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Guidelines do suggest that acupuncture is used as an option when pain medication is reduced or not tolerated, and is to be used in adjunct to physical rehabilitation. There is no evidence of the medications' efficacy or any evidence that they have not been tolerated. There was previous physical therapy, but no document of functional deficits or improvement was provided. Therefore, the request is not medically necessary.

CYCLOBENZAPRINE 7.5MG TWICE DAILY QTY:60: Upheld

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

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

Decision rationale: MTUS Guidelines recommend Cyclobenzaprine as an option for a short course of therapy. There has been no efficacy of the medications in use, and there is no evidence of how long this medication has been prescribed. Furthermore, the request does not specify the duration or the frequency of the medication. Therefore, the request is not medically necessary.