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| Case Number: | CM13-0069997 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 08/29/2012 |
| Decision Date: | 05/22/2014 | UR Denial Date: | 12/17/2013 |
| Priority: | Standard | Application Received: | 12/24/2013 |

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, has a subspecialty in Interventional Spine 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:

This is a 51 year-old male who was injured on 8/29/2012. He has been diagnosed with chronic cervical strain; myofascial pain syndrome; left rotator cuff syndrome; and cervical radiculopathy. According to the 12/10/13 physiatry report from [REDACTED], the patient presents with neck and left shoulder pain and has finished the first round of acupuncture. He still has positive left shoulder impingement and positive Spurlings test. The plan was for additional acupuncture, and continue medications including Fexmid. On 12/17/13 UR recommended against additional acupuncture and the Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE NECK AND LEFT SHOULDER, TWICE PER WEEK FOR FOUR WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS/Acupuncture guidelines require documentation of functional improvement to extend acupuncture treatments. "Functional improvement" means either a

clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, and reduction in the dependency on continued medical treatment. Prior to the acupuncture, the patient was reported to be able to do activities of daily living, but was on modified duty. After acupuncture, he was still able to do ADLs, and there was no mention of reduction of work restrictions, or reduced dependency on continued medical treatment. The acupuncture provided did not show functional improvement. Continuing acupuncture without documented functional improvement is not in accordance with the MTUS/Acupuncture guidelines. The request is not medically necessary or appropriate.

FLEXERIL 7.5 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: The patient presents with chronic neck and left shoulder pain. The records show the patient has been using cyclobenzaprine since 10/1/13. The prescription was for Flexeril/Fexmid (cyclobenzaprine) 7.5mg, t.i.d., #90. The California MTUS specifically states the cyclobenzaprine is not recommended longer than 3-weeks. The prescription for a 1-month supply, will exceed the MTUS recommendations, as does the continued use of cyclobenzaprine for over 2-months. The request is not medically necessary or appropriate.