

Case Number:	CM14-0001943		
Date Assigned:	01/22/2014	Date of Injury:	02/04/2010
Decision Date:	07/15/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/06/2014

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 Occupational 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:

This is a 43 year old man who has reported back, knee, and ankle pain after an injury on February 4, 2010. The lumbar MRI showed degenerative disc disease. The diagnoses have included left knee lateral meniscus tear and osteoarthritis, status post left ankle surgery, lumbar degenerative disc disease, and radiculitis. He has been treated with injections, medications, physical therapy, and recent ankle surgery. On 9/13/13 the treating podiatrist performed a lateral ligament stabilization. The injured worker has been given Flexeril, Ultram and Naproxen on a chronic basis. Flexeril has been prescribed during all of 2013, with no specific indications or results discussed by the treating physician. 12 visits of acupuncture were prescribed on 2/13/13. Acupuncture was started on 4/3/13. Subsequent medical reports do not describe the specific results of any functional improvement criteria. As of the AME at the end of May, 2013, the AME reported 10 visits of acupuncture completed. On December 11, 2013, the injured worker was reported to have left ankle pain and swelling, and lumbar pain with bilateral lower extremity numbness and tingling. The treatment plan included Flexeril and acupuncture. Work status was "temporarily totally disabled". On 12/26/13, Utilization Review non-certified Flexeril and partially certified a course of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative acupuncture for left ankle QTY:12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: An initial course of acupuncture is 3-6 visits per the MTUS Acupuncture Guidelines. An initial course of approximately 10 visits was completed already. Medical necessity for any further acupuncture is considered in light of "functional improvement". Since the completion of the prior acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no evidence of a reduction in the dependency on continued medical treatment. No additional acupuncture is medically necessary based on lack of documented functional improvement.

Flexeril 7.5mg QTY:120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Guidelines does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This patient has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for over a year. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Treatment for spasm is not adequately documented. Flexeril, per the MTUS Chronic Pain Guidelines, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with Cyclobenzaprine. Per the MTUS Chronic Pain Guidelines, Cyclobenzaprine is not indicated and is not medically necessary.