

Case Number:	CM14-0005295		
Date Assigned:	01/24/2014	Date of Injury:	10/16/2012
Decision Date:	06/13/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine and Rehabilitation 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 reviewer would not have recommended this modality as medically necessary. From the clinical information the injured worker has had previous acupuncture therapy however no results from this therapy were available for review. Other than psychological evaluations there is no indication of any expected functional benefits to be obtained with continuing acupuncture therapy. Therefore request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PAIN RELIEF OINTMENT BID QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: This Medrox ointment is not medically necessary based on the clinical documentation submitted for review and current evidence based guidelines. Per guidelines, topical ointments for pain relief such as Medrox are largely considered experimental/investigational due to the limited evidence in the clinical literature establishing their efficacy in the treatment of chronic pain. The clinical documentation submitted for review

is limited in regards to prior medication use including any previous contraindications or intolerance to oral medications. Without any indications without any indications at all oral medications have failed to address ongoing complaints of chronic pain therefore the request for Medrox ointment medication is not medically necessary.

ORPHENADRINE ER 100MG QTY 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-67.

Decision rationale: In regards to the use of Orphenadrine ER 100mg quantity 60, is not medically necessary based on the clinical documentatin provdied for review and current evidence based guideline recommendations. Per Chronic Pain Medical Treatment Guidelines the chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. The clinical documentation provided limited information to support the ongoing use of this medication outside of guideline recommendations; therefore the request is not medically necessary.

SLEEP STUDY QTY 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment In Workers Comp.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Polysomnography.

Decision rationale: The request for sleep study is not medically necessary. There is no clinical information regarding sleep habits or any indications of insomnia or obstructive sleep apnea which would support the use of a sleep study. There are no evaluations from a sleep physician to further support polysomnography as outlined by Official Disability Guidelines. As such the request is not medically necessary.

ACUPUNCTURE LOW BACK QTY 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: From the clinical information provided the injured worker has had previous acupuncture therapy however no results from this therapy were available for review. Other than psychological evaluations there is no indication of any expected functional benefits to be obtained with continuing acupuncture therapy. Therefore this request is not medically necessary.