

<b>Case Number:</b>	CM14-0017265		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	09/04/2009
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Texas. 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 61-year-old male who reported an injury on 09/04/2009. The mechanism of injury was not provided. Current diagnoses include persistent neck pain, left upper extremity pain, and chronic left shoulder pain. The injured worker was evaluated on 01/09/2014. The injured worker reported persistent neck pain with radiation into the left upper extremity. The injured worker reported improvement in symptoms with acupuncture therapy and the current medication regimen. Physical examination on that date revealed increased tenderness and pinpoint spasm in the cervical spine, decreased range of motion, and numbness and tingling in the left lower extremity. Treatment recommendations included continuation of current medication, a cervical epidural steroid injection, and acupuncture sessions for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX SESSIONS OF ACUPUNCTURE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The Acupuncture Medical Treatment 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. Acupuncture treatments may be extended if functional improvement is documented. As per the documentation submitted, the injured worker has completed a previous course of acupuncture therapy. However, there was no objective evidence of improvement following the initial course of acupuncture treatment. Therefore, additional therapy cannot be determined as medically appropriate. There is also no specific body part listed in the current request. The request for six sessions of acupuncture is not medically necessary or appropriate.

**COLACE 4 MG, 120 COUNT:** 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 Page(s): 77. Decision based on Non-MTUS Citation Chronic Pain Chapter, Opioid Induced Constipation Treatment Section.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. The Official Disability Guidelines state opioid induced constipation treatment is recommended. First line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. According to the documentation submitted, the injured worker has continuously utilized this medication since at least November of 2013. However, there is no documentation of chronic constipation or gastrointestinal complaints. There is also no frequency listed in the current request. The request for Colace 4 mg, 120 count, is not medically necessary or appropriate.

**ROBAXIN 750 MG QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 64-66.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. The injured worker has continuously utilized Robaxin 750 mg since at least November of 2013. Despite ongoing use, the injured worker continues to demonstrate tenderness to palpation with palpable muscle spasm in the cervical spine. There is also no frequency listed in the current request. The request for Robaxin 750 mg, sixty count, is not medically necessary or appropriate.