MAXIMUS Federal Services

Case Number:	CM14-0114042		
Date Assigned:	08/04/2014	Date of Injury:	10/15/2010
Decision Date:	10/16/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/22/2014

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 Family Medicine and is licensed to practice in Tennessee, California, Florida, and Maine. 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 51 year old female who sustained an injury on 10/15/10. No mechanism of injury was noted. The injured worker has been followed for complaints of pain in the cervcial region as well as carpal tunnel syndrome, radiculopathy, and migraine headaches. Prior medication history has included NSAIDs, Muscle Relaxers, Fioricet, and Tramadol. As of 06/05/14, the injured worker did report benefits from prior acupuncture treatment for headaches. The injured worker felt that NSAIDs provided pain relief and she was still using Valium for severe musculoskeletal pain. The injured worker's physical exam noted tenderness to palpation in the cervical musculature with tenderness to palpation over the right suboccipital region. There was improved but still limited cervcial range of motion. The injured worker was recommended for 4 additional sessions of acupuncture thearpy with NSAIDs and valium. The urine drug screen from 06/12/12 noted negative findings for benzodiazepines. The requested acupuncture and medications were denied by utilization review on 06/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture #4 sessions to the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The clinical documentation provided for review noted the past efficacy of acupuncture treatment for the injured worker's ongoing headaches complaints. There was no documentation from the acupuncture therapy demonstrating the extent of the injured worker's functional improvement or a reduction in medication use to support its ongoing use. There was no indication of a recent flare up of symptoms to support additional acupuncture treatment. As such, the request is not medically necessary and appropriate.

Robaxin 500mg #30: Upheld

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

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

Decision rationale: 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. Therefore, the request is not medically necessary and appropriate.

Valium 5mg #8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, the request is not medically necessary and appropriate.