

Case Number:	CM14-0118836		
Date Assigned:	08/06/2014	Date of Injury:	02/08/2014
Decision Date:	10/02/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	07/29/2014

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 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 40-year-old female patient who reported an industrial injury on 2/8/2014, almost eight (8) months ago, attributed to the performance of her usual and customary job tasks. The patient is being treated for the diagnosis of neck sprain/strain and lumbar sprain/strain. The MRI of the lumbar spine dated 7/21/2014 documented evidence of L3-L4 degeneration and fissuring with mild broad-based bulging eccentric to the right 1 mm beyond the end plate margin contributing to mild right foraminal narrowing without neural compression; L4-L5 there is annular degeneration and fissuring which could be a pain source with no neural impingement or spinal stenosis; mild facet arthropathy which could contribute to facet syndrome; L5-S1 moderate chronic disc degeneration and facet arthropathy; no spinal stenosis or foraminal narrowing. The patient was reported to have complaints of pain in her lower back radiating to the bilateral lower extremities. The patient also complained of neck pain. The objective findings on examination included tenderness with decreased range of motion to the L spine and C-spine. The diagnoses included cervical radiculopathy and lumbar radiculopathy along with the cervical/lumbar spine sprain/strain. The treatment plan included acupuncture 26 sessions; Motrin; tramadol; and Flexeril with no dosing or quantity specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 X 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 2x6 sessions of acupuncture directed to the neck and back was not supported with objective evidence of functional improvement with the previous certified sessions of acupuncture. There was no sustained functional improvement documented. There was only reported symptomatic relief on a temporary basis. There is no demonstrated medical necessity for 12 additional sessions of acupuncture. The treating physician requested acupuncture sessions to the neck and back based on persistent chronic pain due to the reported industrial injury and muscle pain not controlled with medications and home exercises. The request is not consistent with the recommendations of the CA Medical Treatment Utilization Schedule for the continued treatment with acupuncture. The patient was noted to have received the CA MTUs recommended number of sessions of acupuncture over a 1-2 month period of treatment. There is no documented sustained functional improvement. The current request is for maintenance treatment. The patient is not demonstrated to be participating in a self-directed home exercise program for conditioning and strengthening. There is no demonstrated functional improvement on a PR-2 by the acupuncturist. There is no documented reduction of medications attributed to the use of acupuncture as the patient has continued on opioid therapy is eight (8) months after the date of injury. The patient is not documented to have failed conventional therapy or have intractable pain. There are no recommendations for acupuncture as a stand-alone treatment. The recent clinical documentation demonstrates that the patient has made no improvement to the cited body parts with the provided conservative treatment for the diagnoses of sprain/strain. Acupuncture is not recommended as a first line treatment and is authorized only in conjunction with a documented self-directed home exercise program. There is no documentation that the patient has failed conventional treatment. There was no rationale supporting the use of additional acupuncture directed to the neck and back. The use of acupuncture is not demonstrated to be medically necessary. There is no demonstrated medical necessity of additional acupuncture directed to the back where the neck. There is no evidence to support the use of acupuncture for nerve impingement radiculopathies. An initial short course of treatment to demonstrate functional improvement through the use of acupuncture is recommended for the treatment of chronic pain issues, acute pain, and muscle spasms. A clinical trial of four (4) sessions of acupuncture is consistent with the CA Medical Treatment Utilization Schedule; the ACOEM Guidelines and the Official Disability Guidelines for treatment of the neck and back. The continuation of acupuncture treatment would be appropriately considered based on the documentation of the efficacy of the four (4) sessions of trial acupuncture with objective evidence of functional improvement. Functional improvement evidenced by the decreased use of medications, decreased necessity of physical therapy modalities, or objectively quantifiable improvement in examination findings and level of function would support the medical necessity of 8-12 sessions over 4-6 weeks. Therefore the request is not medically necessary.

Motrin (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory drugs (NSAIDs)Osteoarthritis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68.

Decision rationale: The use of Ibuprofen/Motrin 800 mg is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Motrin is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Motrin should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for Motrin unspecified dose or quantity is not demonstrated to be medically necessary for the cited diagnoses.

Flexeril (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Pain Procedure Summary last updated 06/10/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter- medications for chronic pain; muscle relaxants; cyclobenzaprine

Decision rationale: The prescription for Flexeril (cyclobenzaprine) unspecified dose or quantity is recommended for the short-term treatment of muscle spasms and not for the long-term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long-term basis contrary to the recommendations of the CA MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms. There is a demonstrated medical necessity for the prescription of muscle relaxers on a routine basis for chronic neck and back pain. The cyclobenzaprine was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Cyclobenzaprine for the cited industrial injury. The continued prescription of a muscle relaxant was not consistent with the evidence based guidelines. The California MTUS states that cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of cyclobenzaprine unspecified dose or quantity for the effects of the industrial injury. Therefore the request is not medically necessary.

Tramadol (unknown quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter chronic pain medications; opioids

Decision rationale: The prescription for Tramadol unspecified dose or quantity for short acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic neck and back pain. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain reported to the left. There is no documented functional improvement from this opioid analgesic and the prescribed Tramadol should be discontinued. The ACOEM Guidelines and CA MTUS do not recommend opioids for the long-term treatment of neck and back pain. The chronic use of Tramadol is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain only as a treatment of last resort for intractable pain. The provider has provided no objective evidence to support the medical necessity of continued Tramadol for chronic neck and back pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is consistent with evidence-based guidelines based on intractable pain. The prescription of Tramadol unspecified dose in quantity is not demonstrated to be medically necessary. Therefore the request is not medically necessary.