MAXIMUS Federal Services

Case Number:	CM14-0140077		
Date Assigned:	09/08/2014	Date of Injury:	09/16/2013
Decision Date:	10/03/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/29/2014

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 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:

The claimant injured her low back on 09/16/13. Skelaxin, Relafen, and additional acupuncture are under review. On 07/11/14, the claimant complained of low back pain with soreness and stiffness. She had completed 6 acupuncture visits with some decreased pain but still had low back pain. She was also doing stretching, Pilates, and yoga. Her medications included Soma, Relafen, omeprazole, and tramadol. Her range of motion was painful and limited and she had tightness with certain movements. There was tenderness over the L5-S1 level that was greater on the right than left. Extension and flexion were limited. There was decreased sensation and paresthesias in the right extensor surface of the forefoot including the great toe of the right foot. She was to discontinue Soma and was given Skelaxin and Relafen. 6 additional sessions of acupuncture were recommended. On 07/25/14, she had a pain management consult and had low back pain radiating down the right lower extremity with numbness to the foot and toes. Her pain was improved with relaxing and medications. Acupuncture provided limited benefit. She had lumbar spasm and tenderness with limited range of motion. There was sensitivity along the L4 dermatome on the right. There was decreased strength along L3-5 myotomes on the right. Right straight leg raise was positive. Epidural steroid injections and medications including omeprazole, Relafen, Soma, and tramadol were ordered. On 07/14/14, after 6 visits of acupuncture, she did not note whether the treatment was helpful in reducing her symptoms. Additional acupuncture, however, was ordered. Physical examination revealed tenderness about the L5-S1 level greater on the right than left with decreased extension and flexion. There was decreased sensation and paresthesias in the right plantar surface of the forefoot. Diagnoses included lumbar sprain, stenosis, facet joint arthropathy and radiculopathy with disc protrusions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 74.

Decision rationale: The history and documentation do not objectively support the request for Skelaxin 800 mg #60. The MTUS for muscle relaxers, "Recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005) The medical documentation provided does not establish the need for use of Skelaxin for the claimant's chronic complaints. The medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm that are likely to respond to this type of medication. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and her response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for Skelaxin 800 mg #60 is not medically necessary.

Relafen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for Relafen 500 mg #60 for the claimant's ongoing pain. The MTUS state re: NSAIDs "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen,

particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer gastrointestinal (GI) side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." In this case, there is no clear evidence of a chronic inflammatory condition such as osteoarthritis and NSAIDs are recommended as second line therapy after acetaminophen. There is no indication that acetaminophen was tried and failed to provide pain relief. The medical necessity of the use of Relafen 500 mg under these circumstances has not been clearly demonstrated.

Acupuncture to the lumbar spine once per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The history and documentation do not objectively support the request for continued acupuncture. The MTUS Acupuncture Medical Treatment Guidelines state "(a) As used in this section, the following definitions apply:(1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm.(2) "Acupuncture with electrical stimulation" is the use of electrical current (micro-amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites.(3) "Chronic pain for purposes of acupuncture" means chronic pain as defined in section 9792.20(c). (b) Application(1) These guidelines apply to acupuncture or acupuncture with electrical stimulation when referenced in the clinical topic medical treatment guidelines in the series of sections commencing with 9792.23.1 et seq., or in the chronic pain medical treatment guidelines contained in section 9792.24.2. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement:

3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months.(d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef)." In this case, there is no clear evidence of significant and sustained objective/functional improvement from the initial trial of 6 visits of acupuncture. The claimant could not state whether it had helped. As a result, continuation of acupuncture for 6 visits has not been demonstrated as medically necessary.