

Case Number:	CM14-0158263		
Date Assigned:	09/30/2014	Date of Injury:	04/07/2014
Decision Date:	10/28/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/26/2014

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:

Injured worker is a female with date of injury 4/7/2014. Per primary treating physician's progress report dated 8/28/2014, the injured worker complains of painful head, neck, upper back, left shoulder and shoulder blade. His headache and dizziness are minimally better. On examination he has pain, tenderness, and swelling. There is no redness or ecchymosis. Cervical spine exam reveals flexion 40/60, extension 40/50, left rotation 40/80, right rotation 40/80, left flexion 10/40, and right flexion 10/40. Lumbar spine exam reveals flexion 40/90, extension 20/30, left rotation 20/30, right rotation 20/30, left flexion 10/20, and right flexion 10/20. Jamar test on right is 50/45/45, and on left is 40/40/45. Pinch test on right is 14/12/11 and on left is 7/7/6. Diagnoses include 1) concussion, head trauma (sub-concussive) 2) sprain/strain of C-spine 3) sprain/strain of T-spine 4) strain/sprain of shoulder 5) contusion of face, neck 6) rotator cuff tear 7) muscle spasms 8) brachial neuritis/radiculitis 9) paresthesia 10) myalgia/myositis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines do recommend the use of acupuncture in the treatment of chronic pain. They recommend three to six treatments to produce functional improvements, at a frequency of one to three times per week. If functional improvement as a result of acupuncture treatments, then they may be extended. The optimum duration of acupuncture treatments is one to two months. The request for acupuncture x8 exceeds the recommended three to six sessions to produce functional improvement. Medical necessity for this request has not been established within the recommendations of the MTUS Guidelines. The request for Acupuncture x 8 is determined to not be medically necessary.

Retrospective Nabumetone 750mg #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 NSAIDs Page(s): 67-71.

Decision rationale: The uses of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to Acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has been injured for over four months and her treatment with NSAIDs has not been assessed with a description of functional improvement or a significant reduction in pain. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines.

Retrospective Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for Pain) Page(s): 41-42; 63-64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Retrospective Cyclobenzaprine 7.5mg #60 is determined to not be medically necessary.

Retrospective Hydrocodone 2.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical reports provided for review do not report functional improvement or significant pain reduction with the use of opioid pain medications. The injured worker has been injured for over four months. Medical necessity for this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Retrospective Hydrocodone 2.5/325mg #60 is determined to not be medically necessary.