

Case Number:	CM14-0176867		
Date Assigned:	10/30/2014	Date of Injury:	02/19/2014
Decision Date:	12/05/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/24/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 54-year-old female with date of injury of 02/19/2014. The listed diagnoses for [REDACTED] from 10/07/2014 are: 1. Cervicothoracic strain/arthrosis with possible neural encroachment 2. Bilateral shoulder impingement syndrome with chronic occluded joint arthrosis on the right and possible bilateral rotator cuff tears 3. Possible bilateral carpal tunnel and or cubital tunnel syndrome 4. Bilateral de Quervain's Tenosynovitis 5. Lumbosacral strain/arthrosis with right-sided neural encroachment 6. Psychiatric complaints According to this report, the patient complains of bilateral hand and wrist pain, right side greater than the left. She states that her right shoulder pain has intensified since her last visit. The patient denies any strenuous activities that may have contributed to this flare up. She completed physical therapy for the cervical and lumbar spine. The examination of the bilateral upper extremities reveals a positive Tinel's sign, bilaterally and positive Phalen's sign bilaterally. There is thenar weakness bilaterally. Examination of the right shoulder reveals a positive Hawkins test, positive nears test. The documents include an x-ray of the cervical spine, bilateral shoulders, bilateral elbows, bilateral hand and wrist and lumbar spine, EMG report from 06/13/2014 to 09/03/2014 and progress reports from 04/10/2014 to 10/20/2014. The utilization review denied the request on 10/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture sessions with electric stimulation for cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with bilateral hand, bilateral wrist and right shoulder pain. The treater is requesting six acupuncture sessions with electric stimulation for the cervical and lumbar spine. The MTUS Guidelines for acupuncture states that it 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. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The records do not show any acupuncture treatment reports to verify how many treatments the patient has received and with what results. The utilization review denied the request stating that the documents show that the patient was authorized for six acupuncture sessions on 08/04/2014 and three acupuncture notes show no change. It appears that the patient was authorized 6 sessions and the treater is now requesting for 6 additional visits. The 10/07/2014 report shows that the patient continues to complain of right shoulder pain that has worsened since her last visit. Tinel sign and Phalen's sign is positive bilaterally. No cervical and lumbar spine findings were reported. The reports do not show evidence of "functional improvement" as defined by MTUS; significant improvement in ADL's, or change in work status/return to work, and reduced dependence on other medical treatments. Therefore, this request is not medically necessary.

1 prescription of Flexeril 10mg: 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 cyclobenzaprine Page(s): 64.

Decision rationale: The patient presents with bilateral hand, bilateral wrist and right shoulder pain. The treater is requesting Flexeril 10mg. The MTUS Guidelines, page 64 on Cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (Amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed Flexeril on 04/10/2014. MTUS does not support the long-term use of this medication. Therefore, this request is not medically necessary.

1 prescription of Tylenol No.3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; On-Going Management Page(s): 78,88,89.

Decision rationale: The patient presents with bilateral hand, bilateral wrist and right shoulder pain. The treater is requesting Tylenol #3. For chronic opiate use, the MTUS Guidelines page 88 and 89 states, "pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also required documentation of the 4As including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The record show that the patient was prescribed Tylenol #3 on 07/31/2014. The 08/07/2014 report notes that the patient reports no relief from Tylenol use. The treater does not discuss pain scales, no significant improvement, no quality of life changes and no discussions regarding "pain assessment" as required by MTUS. There are no discussions regarding adverse side effects and aberrant drug seeking behaviors such as a urine drug screen. Therefore, this request is not medically necessary.