

Case Number:	CM14-0183186		
Date Assigned:	11/07/2014	Date of Injury:	05/11/2010
Decision Date:	12/16/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 & Rehabilitation 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 who has submitted a claim for cervical radiculopathy, lumbar radiculopathy, left shoulder pain, diabetes mellitus, and bilateral carpal tunnel syndrome associated with an industrial injury date of 5/11/2010. Medical records from 2014 were reviewed. The patient complained of neck pain radiating to bilateral upper extremities. The patient likewise reported frequent muscle spasm along the neck area. Pain was described as burning, sharp, and severe. Aggravating factors included movement and walking. Pain was rated 8/10 in severity and relieved to 2/10 with medications. Intake of medications also allowed her to increase / maintain activities of daily living and function. No side effects were reported. She experienced limitations in self-care, hygiene, ambulation, hand function, and sleep. Gait was slow. Cervical spine exam showed tenderness, restricted motion, decreased sensation of bilateral C6 dermatome. Lumbar exam showed painful range of motion, normal sensation, and negative straight leg raise test. Treatment to date has included acupuncture, physical therapy, aqua therapy, home exercise program, and medications such as naproxen, cyclobenzaprine, Norco, and metformin (since August 2014). The utilization review from 10/23/2014 denied the request for naproxen 550mg, #60 because of no supporting evidence of objective functional benefit with medication use; modified the request for cyclobenzaprine 7.5mg, #30 into #20 for the purpose of weaning because long-term use was not recommended; denied acupuncture x 4 because of no documentation concerning previous sessions; and denied aqua therapy x 8 because of no evidence of sustained clinical gains from previous sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 650mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient was prescribed naproxen since August 2014. Pain was rated 8/10 in severity and relieved to 2/10 with medications. Intake of medications also allowed her to increase / maintain activities of daily living and function. However, long-term NSAID use was not recommended. There was no discussion concerning need for variance from the guidelines. Therefore, the request for naproxen 650mg, #60 is not medically necessary.

Cyclobenzaprine.5mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient was prescribed cyclobenzaprine since August 2014. The patient complained of neck pain radiating to bilateral upper extremities. The patient likewise reported frequent muscle spasm along the neck area. Patient reported symptom relief with medication intake. However, long-term use of muscle relaxant was not guideline recommended. There was no discussion concerning need for variance from the guidelines. Therefore, the request for cyclobenzaprine.5mg, #30 is not medically necessary.

Aqua Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

Decision rationale: As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical

therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, patient has completed a course of aquatic therapy previously. However, the exact number of treatment sessions completed and functional outcomes were not documented. Furthermore, there was no indication why the patient could not participate in a land-based physical therapy program. Moreover, body part to be treated and intended number of sessions were not specified. Therefore, the request for aqua therapy is not medically necessary.

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that 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. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient has received acupuncture treatment in the past with noted improved pain control and function. However, the exact number of visits is not documented in the medical records submitted. There is likewise no documentation stating the pain reduction, objective functional improvement or decreased medication-usage associated with acupuncture. Moreover, body part to be treated and intended number of sessions were not specified. Therefore, the request for acupuncture is not medically necessary.