

<b>Case Number:</b>	CM14-0020713		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	04/06/2010
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 6, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; adjuvant medications; and 16 prior sessions of acupuncture, per the claims administrator. In a Utilization Review Report dated February 12, 2014, the claims administrator partially certified four sessions of acupuncture, approved a urine drug screen, approved Gabapentin, approved Naprosyn, and denied Fexmid (Flexeril) and approved Omeprazole. The claims administrator partially certified acupuncture on the grounds that the applicant had had a recent flare in chronic pain. The 2007 MTUS Acupuncture Guidelines were cited. The applicant's attorney subsequently appealed. In a progress note dated February 5, 2014, the applicant was described as having persistent chronic multifocal pain complaints, including low back pain radiating to the leg. Naprosyn, Prilosec, Flexeril, and Neurontin were endorsed. The applicant was described as off of work. The applicant was described as a "qualified injured worker."

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ACUPUNCTURE TO THE LUMBAR SPINE, 2 TIMES A WEEK FOR 4 WEEKS:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** As noted in the MTUS ,Acupuncture treatment may be extended if there is evidence of functional improvement. In this case, however, there has been no evidence of such functional improvement. The applicant is currently not working. The applicant has been deemed a qualified injured worker. The applicant remains highly reliant and highly dependent on multiple analgesic and adjuvant medications, including Norco, Neurontin, and Flexeril, All of the above, taken together, imply a lack of functional improvement despite completion of 16 earlier sessions of acupuncture. Therefore, the request for additional acupuncture is not medically necessary.

**FEXMID (FLEXERIL) 7.5MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is in fact using numerous other analgesic and adjuvant medications, including Naprosyn, Neurontin, and medical marijuana, per the claims administrator. Addition of cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request is not medically necessary.