

Case Number:	CM14-0022367		
Date Assigned:	07/02/2014	Date of Injury:	12/18/2006
Decision Date:	08/22/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 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 injured worker is a 56-year-old male who reported an injury on 12/18/2006 due to getting out of his truck. Diagnoses for the injured worker were thoracic or lumbosacral neuritis or radiculitis not otherwise specified, lumbar or lumbosacral disc degeneration, chronic pain due to trauma, and skin sensation disturbance. Past treatments were physical therapy, 12 sessions of acupuncture treatment, and 2 trigger point injections. Physical therapy was mentioned, but no details of measurable gains were noted. Diagnostic studies for the injured worker were not submitted. Surgeries were not reported. Physical examination on 06/19/2014 revealed complaints of lower back pain and left lower extremity pain. The injured worker rated his pain at 8/10. The pain was characterized as aching and sharp, and it radiated to the right side, right leg, and right foot. Medications taken were stated to alleviate helped alleviate the pain. The injured worker had limited range of motion. Examination of the lumbar spine revealed some restriction with flexion limited to 70 degrees, and extension was limited to 10 degrees. On palpation of the paravertebral muscles tenderness was noted on the right side. The spinous process revealed tenderness on the L2, L3, L4, and L5. Sensory examination was normal. Straight leg raising test was positive on the right side. Medications were Cyclobenzaprine 7.5 mg 1 tablet daily, Norco 7.5/325 mg as needed, and lisinopril 20 mg 1 daily. The treatment plan for the injured worker was to continue with ice, heat, exercise, and medications as directed. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR EIGHT SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS recommends for the frequency of acupuncture 3 to 6 treatments with documented measurable gains or functional improvement. The frequency for the acupuncture is 1 to 3 times per week with an optimum duration of 1 to 2 months. According to the documents submitted for review, the injured worker has had 12 acupuncture therapy sessions. In some of the reports submitted from the acupuncture therapy, there was noted improvement of pain. There were no documented measurable gains for the injured worker in activities of daily living. It was reported the injured worker is able to engage in daily activities at a moderate level with less discomfort. It was not noted that there was a decrease in the usage of medication. The injured worker reported an injury in 2006, and the records submitted for review only went back to 07/2013. Although the injured worker has reported pain relief with the acupuncture sessions, it is unknown what type of conservative therapy the injured worker has had prior to 07/2013. The injured worker has reported temporary pain relief from the acupuncture treatments but prior conservative treatments were not available for review. Therefore, the request for acupuncture for eight sessions is not medically necessary and appropriate.

CYCLOBENZAPRINE 7.5 MG #60: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule states that 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. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with an NSAID. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The injured worker did not report symptoms of spasms. The documents submitted for review noted that the injured worker has been on Cyclobenzaprine 7.5 mg since at least 10/22/2013. The duration of the use of this medication exceeds Guideline recommendations. Therefore, the request for Cyclobenzaprine 7.5 mg #60 is not medically necessary and appropriate.