

Case Number:	CM14-0048787		
Date Assigned:	06/25/2014	Date of Injury:	05/17/2013
Decision Date:	07/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/27/2014

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 patient is a 39-year-old male who was injured on 05/17/2013 when he was involved in a motor vehicle accident (his vehicle was rear-ended). He was treated conservatively with 6 sessions of acupuncture therapy (authorized on 12/11/13, completed on 02/18/2014) which he stated was helpful and had completed eight out of eight physical therapy sessions (started on 09/04/2013 and completed on 11/08/2013). Prior medication history included Norco, Flexeril, Nabumetone, Lexapro and Ambien. The diagnostic studies reviewed include MRI (magnetic resonance imaging) of the lumbar spine without contrast dated 09/05/2013 revealed disc desiccation at L4-L5 and L5-S1 levels with questionable subtle neural foramlnal narrowing at the L5-S1 level; and subtle neural foraminal narrowing at the L5-S1 level. A 05/21/2013 progress note documented that the patient had an industrial injury on 08/09/2010, cervical sprain and radiculopathy and thoracic sprain, with the patient at maximum medical improvement (MMI) on 11/1/2010 with cervical, thoracic pain, occasional frequency minimal intensity, patient working at regular duty. Industrial left wrist strain resolved. It was indicated that the patient was taking Zyrtec, Nexium, Norco, and Flexeril. Norco 7.5/325 mg, a course of Flexeril, Colace medication and physical therapy (3 times a weeks for two weeks) was prescribed. A11/12/2013 progress note documented that the patient was prescribed Norco 5mg quantity 60 and Flexeril 10mg quantity 60 for ongoing orthopedic complaints involving his neck, mid back and low back. The patient was working in a modified capacity and was taking Flexeril, Norco and Nabumetone for relief of pain. A 12/11/2013 utilization review indicated that the patient had completed eight out of eight physical therapy sessions (started on 09/04/2013 and completed on 11/08/2013), which the claimant found to be very much helpful. Ultrasound, massage and electrical stimulation helped relieved the pain. The patient was currently involved in a home exercise program, was using the transcutaneous electrical nerve stimulation (TENS) unit and was taking

Norco, Flexeril and Nabumetone. Cervical strain, thoracic strain, lumbar strain with radiculitis and stress, anxiety and depression were the listed diagnoses. A 01/14/2014 progress report indicated that the patient was on modified duty and had completed 2/6 sessions of acupuncture. The patient was prescribed Ambien CR 6.25mg (#30), Norco 5mg (#60), Flexeril 10mg (#60) and was asked to continue his medication as directed. 02/18/2014 progress report (acupuncture clinic visit) documented that the patient had persistent pain to the neck and mid back, constant low back pain that radiated to the left thigh, as well as spasms in the lumbar spine, experienced stiffness as well. Daily activities resulted in increased neck, mid back and low back pain. Acupuncture treatment relieved his symptoms for a few days. He was treated for cervical spine strain/sprain, thoracic sprain/strain and lumbar sprain/strain with radiculitis. The patient had completed all six of his authorized acupuncture sessions. The patient tolerated these procedures well and reported beneficial results of decreased pain; however he was still having burning pain going up to the middle back and down both sides of the legs. The patient wanted to receive more acupuncture. The patient was released back to his primary care physician and was asked to return on an as needed basis. A 03/04/2014 progress report indicated that the patient had sustained a new injury to the spine and head on 01/15/2014. The patient noticed some increased low back pain on the left side. He had completed 6/6 acupuncture sessions on 02/18/2014 and stated that it was helpful. The patient reported depression, anxiety and insomnia and intermittent and constant pain to the neck. He had reduced range of motion of the neck. He reported he felt pain in the upper back and restricted range of motion. He had pain in the low back/coccyx. There was pain in the left shoulder and left hip as well. The patient was taking Norco, Flexeril, Nabumetone, Lexapro and Ambien. Objective findings on exam revealed the cervical spine to be tender with limited rotation in extension and flexion. He had decreased sensation to the right middle finger, ring finger and little finger. The thoracic spine was tender. The lumbar spine revealed tenderness to palpation as well and has pain with flexion. There was limited flexion, lateral flexion and extension. He had decreased sensation in bilateral lower extremities. The diagnoses were cervical spine strain/sprain, thoracic sprain/strain, lumbar sprain/strain with radiculitis; lumbar spine disc desiccation at L4-5 and L5-S1 levels, stress and anxiety with depression and obesity. The patient was prescribed Flexeril 10 mg #90 and Norco 5 mg #60. The patient was recommended to have acupuncture to the cervical, thoracic and lumbar spine to continue functional improvement. It was felt that additional acupuncture would decrease the patient's medication usage, increase range of motion and blood flow, decrease pain and inflammation, increase flexibility and endurance and help with activities of daily living. Also, additional acupuncture would also address remaining functional and strength limitations. Prior utilization review dated 03/20/2014 states the request for Flexeril 10mg #90 with 3 refills was partially certified for 20 tablets with no refills. Long-term use of muscle relaxants are not recommended; therefore the request has been modified to generic Flexeril 10mg #20 without refill. Norco 5mg #60 with 3 refills has been modified to generic Norco 5mg #60 without refill to all for evidence of efficacy and measurable decreased pain and functional improvement. The request for the decision for continued acupuncture sessions (cervical, thoracic, lumbar) one times six is not authorized as medical necessity has not been established. A 04/08/2014 progress report indicated that patient had a constant left shoulder pain with numbness and tingling and reduced range of motion; intermittent left hip pain with spasms of left hip and quadriceps; intermittent upper back pain and restricted mobility; limited and painful movement of the low back, radiating to the left lower extremity; experiencing depression. The patient was taking Norco, Flexeril, Nabumetone, Lexapro and Ambien. Objective findings on exam revealed the cervical spine to

be tender with limited rotation in extension and flexion. The thoracic spine was tender. The lumbar spine revealed tenderness to palpation as well and has pain with flexion. There was limited flexion, lateral flexion and extension. The patient was given modified duty. A 05/14/2014 progress report indicated that patient had intermittent neck and upper back pain with reduced range of motion and painful movements, made worse after sitting at a computer at work and with driving; intermittent left shoulder pain; bilateral hand/wrist numbness and tingling; low back pain with reduced range of motion and painful movement; bilateral hip pain, radiating from low back, numbness and tingling in the left lower extremity. The patient was taking Norco, Lexapro, Ambien, Prilosec, Flonase, Qvar and Serevent. Additional chiropractic treatment was denied. Authorization was requested for eight sessions of physical therapy to the cervical, thoracic and lumbar spine, twice a week for four weeks, as this modality had helped the patient previously. The patient was prescribed Flexeril 10mg #90 and Norco mg #60 and was advised to continue his current medication as directed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Flexeril 10mg #90 with 3 refills (1x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) and Antispasmodic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

Decision rationale: The CA MTUS and the Official Disability Guidelines (ODG) recommend Cyclobenzaprine (Flexeril) in certain situations and for a short course of therapy. Non-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 and for short-term usage with duration of less than two weeks for treatment of acute exacerbations of low back pain. There is limited, mixed-evidence that does not allow for a recommendation for a chronic use. Based on the review of medical records, the patient was prescribed and had been taking Flexeril since 05/21/2013. I concur with the UR opinion dated 03/20/2014 that a partial certification for prospective usage of generic Flexeril 10 mg (#20) without refill. This was provided for initiation of downward titration and complete discontinuation of this medication.

Prospective usage of Norco 5mg #60 with 3 refills (1x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-96.

Decision rationale: The CA MTUS guidelines recommend opioid use for chronic pain. Failure to respond to a time-limited course of opioids leads to the suggestion of reassessment and consideration of alternative therapy. Opioids are recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as the pain that is presumed to be maintained by continual injury, with the most common example being pain secondary to cancer). Review of the records indicated that the patient was on opioid medication since 05/21/2013 and the opioid continued to be prescribed till the recent office visit in 06/2014. There was no documentation of ongoing moderate to severe pain that would require opioid level of analgesia. There was no delineation of efficacy such as measurable decrease in pain as well as evidence of functional benefit. Also, there is no CA MTUS opioid mandated documentation of current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and the patient. Considering this, the request for Norco 5mg #60 with 3 refills is not medically necessary.

Continued acupuncture sessions (cervical, thoracic, lumbar) (1 x 6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines recommend 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 can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In this case, a 12/11/2013 utilization review report authorized acupuncture sessions one time a week for six weeks (1x6) (cervical, thoracic and lumbar). It was indicated that per MTUS guidelines 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. The time to produce functional improvement is typically three to six treatments. It was implied that the claimant had cervical, thoracic and lumbar pain and tenderness. Initial six sessions of acupuncture was indicated to address the deficits and to improve function. Additional certification would require evidence of objective and functional improvement and the need for continued skilled care. Although, the patient completed the authorized acupuncture sessions 1x6 (cervical, thoracic and lumbar), there was no evidence of objective and functional improvement and the need for continued skilled care. The acupuncture clinic visit note dated 02/18/2014 only indicated that the acupuncture treatment relieved his symptoms for a few days. 03/04/2014 progress report indicated that the 6/6 acupuncture sessions was helpful. These sessions did not significantly decrease the patient's pain medication usage, increase range of motion, decrease pain and inflammation, increase flexibility and endurance and help with activities of daily living. Moreover, there was no documented evidence of specific and significant objective and functional improvement. Hence, without clear discussion regarding the patient's progress with the acupuncture treatment, the medical necessity for additional sessions of acupuncture is not established. The request is not certified.