

Case Number:	CM14-0193672		
Date Assigned:	12/01/2014	Date of Injury:	11/09/2011
Decision Date:	01/13/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/19/2014

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 Family Practice 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:

54 year old female claimant sustained a work injury on 11/9/11 involving the neck and right shoulder. He was diagnosed with right shoulder rotator cuff syndrome , myofascial pain, cervical disk disease and proximal biceps rupture. She had undergone physical therapy and a home exercise program. X-rays of the cervical spine in April 2014 indicated she had cervical spinal stenosis in C4-C7. She had used a TENS unit. A progress note on 10/22/14 indicated she had 8-9/10 pain. Exam findings were notable for decreased sensation over the right arm. There was tenderness in the cervical facet region. Her symptoms were treated with Norco, Hydrocodone, Tramadol and Voltaren for pain as well as Flexeril for spasms. The claimant had been on Flexeril since at least January 2014. The physician also requested 6 sessions of acupuncture for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of acupuncture to the neck: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 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. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant had persistent pain despite medications and therapy. Acupuncture is appropriate and medically necessary for 6 sessions.

1 Prescription for flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period without improvement in pain or function. Continued use is not medically necessary.