

Case Number:	CM14-0205307		
Date Assigned:	12/17/2014	Date of Injury:	12/30/2012
Decision Date:	02/05/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 42 year old man with a work related injury dated 12/30/12 resulting in chronic pain of the neck and upper extremity. The patient was evaluated by the pain doctor on 11/6/14. He continued to complain of pain in the neck, upper back, right shoulder and right upper extremity. The pain was 9/10. The patient has been taking Ultracet, Relafen and Prilosec. The exam shows decreased range of motion of the cervical spine and tenderness in the cervical spine and paraspinal muscles with stiffness and spasm. Diagnosis includes right lateral epicondylitis, myofascial sprain of the cervical spine with degenerative disc disease, bursitis/capsulitis of the shoulder and wrist pain and tenosynovitis. The plan of care included six additional sessions of medical acupuncture, anti-inflammatory medications and a muscle relaxant, zanaflex 4mg #30. Under consideration is the medical necessity of the six additional sessions of acupuncture and the continued use of zanaflex 4mg #30 which was denied during utilization review dated 11/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: According to the ACOEM Practice Guidelines, invasive techniques (needle acupuncture) have no proven benefit in treating acute neck and upper back symptoms. In this case the documentation doesn't support that the initial sessions of acupuncture was effective in increasing functionality or reducing the amount of medications. Given there is no proven benefit, additional 6 sessions of acupuncture are not medically necessary.

Zanaflex #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants (such as Tizanidine) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. In this case the Zanaflex is being prescribed for longer than short term. Given the possible adverse drug effects and that it is only recommended for acute exacerbations of pain, the continued use of Zanaflex is not medically necessary.