

Case Number:	CM14-0210656		
Date Assigned:	12/23/2014	Date of Injury:	02/01/2008
Decision Date:	02/13/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/16/2014

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 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:

This 57 year-old patient sustained an injury on 2/1/08 while employed by [REDACTED]. Request(s) under consideration include 12 sessions of Acupuncture and 1 Prescription of Cyclobenzaprine 10mg #60. Diagnoses include neck sprain. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing chronic neck and right shoulder pain. Report of 11/4/14 from the provider noted continued pain rated at 7-9/10. Exam showed unchanged findings of tenderness in the neck, right shoulder, and right arm; positive cervical compression and right shoulder impingement and supraspinatus tests. Treatment included continued medications. The request(s) for 12 sessions of Acupuncture and 1 Prescription of Cyclobenzaprine 10mg #60 were non-certified on 12/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 8-9.

Decision rationale: This 57 year-old patient sustained an injury on 2/1/08 while employed by [REDACTED]. Request(s) under consideration include 12 sessions of Acupuncture and 1 Prescription of Cyclobenzaprine 10mg #60. Diagnoses include neck sprain. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing chronic neck and right shoulder pain. Report of 11/4/14 from the provider noted continued pain rated at 7-9/10. Exam showed unchanged findings of tenderness in the neck, right shoulder, and right arm; positive cervical compression and right shoulder impingement and supraspinatus tests. Treatment included continued medications. The request(s) for 12 sessions of Acupuncture and 1 Prescription of Cyclobenzaprine 10mg #60 were non-certified on 12/1/14. The provider noted the patient has treated with acupuncture in the past with decreased pain and tenderness. Current clinical exam show no specific physical impairments or clear dermatomal/ myotomal neurological deficits to support for treatment with acupuncture to the cervical spine and shoulder joint. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for 12 acupuncture visits, beyond guidelines criteria. It is unclear how many acupuncture sessions the patient has received for this chronic injury nor what specific functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The 12 sessions of Acupuncture is not medically necessary and appropriate.

1 Prescription of Cyclobenzaprine 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: This 57 year-old patient sustained an injury on 2/1/08 while employed by [REDACTED]. Request(s) under consideration include 12 sessions of Acupuncture and 1 Prescription of Cyclobenzaprine 10mg #60. Diagnoses include neck sprain. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing chronic neck and right shoulder pain. Report of 11/4/14 from the provider noted continued pain rated at 7-9/10. Exam showed unchanged findings of tenderness in the neck, right shoulder, and right arm; positive cervical compression and right shoulder impingement and supraspinatus tests. Treatment included continued medications. The request(s) for 12 sessions of Acupuncture and 1 Prescription of Cyclobenzaprine 10mg #60 were non-certified on 12/1/14. The patient has been prescribed Cyclobenzaprine since at least January 2013. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury

of 2008. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The 1 Prescription of Cyclobenzaprine 10mg #60 is not medically necessary and appropriate.