

Case Number:	CM15-0005194		
Date Assigned:	01/16/2015	Date of Injury:	10/30/2013
Decision Date:	03/23/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63 year old sustained a work related injury on 10/30/2013. According to a partially illegible progress report dated 09/19/2014, the injured worker complained of low back pain that radiated to the right hip and was increased with prolonged sitting, standing, bending or twisting. The injured worker reported that physical therapy did not help low back pain. Pain was rated 9 on a scale of 0-10. She had completed 7 of 12 physical therapy visits. Review of systems included difficulty sleeping, fatigue, joint pain, muscle spasm, sore muscles, swelling, depression, anxiety, stress, mood swings, numbness and memory loss. Medications included Remeron, Fexmid and Norco. Electrodiagnostic testing performed on 10/23/2014 revealed electrical evidence of a mild diabetic peripheral neuropathy affecting the upper extremities. An acupuncture Procedure list dated 11/26/2014, was submitted for review. There was no indication of objective improvement obtained and how many sessions had been completed. According to a partially illegible handwritten progress report dated 12/19/2014, the injured worker complained of bilateral wrist pain. Pain was rated 6 on a scale of 0-10. Phalen's and Tinel's were positive. Cervical, thoracic and lumbar spine was without changes. Review of systems noted muscle spasm, joint pain, numbness, depression, stress, anxiety, fatigue, diabetes, high blood pressure and memory loss. She remained temporarily totally disabled. Pain was rated 4-5 with medications and 7-8 without medications. Functional benefits included ability to perform activities to daily living and improved participation in a home exercise program. Medications included Fexmid, Remeron and Norco. On 12/31/2014, non-certified Fexmid 7.5mg #60, Remeron 15mg #30 and additional acupuncture, twice weekly, cervical, thoracic & lumbar spine and bilateral wrist quantity 6.

According to the Utilization Review physician, there was no significant functional benefit noted with the use of muscle relaxants. The records did not include any progress reports indicating the presence of spasticity, how long the injured worker had been prescribed this medication and if any quantifiable benefit had been obtained with use. CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-64 Muscle Relaxants were cited. In regards to Remeron, the documentation did not include any recent subjective and objective findings that identify the injured worker to have ongoing symptoms of chronic pain that is neuropathic in nature and/or that the injured worker suffers from depression. It was also unclear how long the injured worker had been prescribed this medication and if any benefit had been obtained with its use. Official Disability Guidelines Pain, Insomnia Treatment was cited. In regards to acupuncture, the injured worker has previously attended acupuncture treatment without indicating the number of sessions completed or any functional benefit and pain relief obtained as a result. CA MTUS Acupuncture Medical Treatment Guidelines were cited. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 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 Cyclobenzaprine (flexeril) Page(s): 41-42.. Decision based on Non-MTUS Citation Pain (chronic)

Decision rationale: Per the MTUS, cyclobenzaprine is recommended as an option using a short course of therapy, it is more effective than placebo in the management of back pain, and the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. Per the ODG, this medication is not recommended for longer than 2-3 weeks. A review of the injured workers medical records show that she has been treated with cyclobenzaprine (fexmid) since 8/6/2014 which exceeds guideline recommendations and therefore the request for Fexmid 7.5mg #60 is not medically necessary.

Remeron 15mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 11/21/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Page(s): 14-16.. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The MTUS recommends the use of antidepressants for chronic pain and it is recommended as first line option for neuropathic pain, however neither the MTUS nor ACOEM

specifically address the use of Mirtazapine, therefore other guidelines were sought. Per the ODG, Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. A review of the injured workers medical records show that she has reported difficulty sleeping and also has depression and anxiety coexisting with her pain. Based on the injured workers clinical presentation and the guidelines Remeron 15mg #30 appears to be a medically necessary and appropriate medication for this injured worker.

Additional acupuncture, twice weekly, cervical, thoracic, & lumbar spine and bilateral wrists QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The MTUS states that Acupuncture is used when pain medication is reduced or not tolerated, and 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. Per the MTUS, time to produce functional improvement is 3-6 treatments, frequency of 1-3 times per week with an optimum duration of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. ODG Acupuncture Guidelines: recommend Initial trial of 3-4 visits over 2 weeks With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) A review of the injured workers medical records that are available to me show that on 11/26/2014 she received acupuncture treatments with electrical stimulation and this was not an initial consult or evaluation, it was stated that she was improving and would benefit from further acupuncture, however there was no mention of how many sessions she had received and subjective and objective documentation of functional improvement, therefore without this information it is difficult to determine if the request is within guideline recommendations and this makes the request for additional acupuncture, twice weekly, cervical, thoracic, & lumbar spine and bilateral wrists QTY: 6 not medically necessary.