

Case Number:	CM15-0009343		
Date Assigned:	01/28/2015	Date of Injury:	04/26/2005
Decision Date:	03/19/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/15/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 35 year old female, who sustained an industrial injury on April 26, 2005. The injured worker has reported low back pain, neck pain, shoulder pain and wrist pain. The diagnoses have included shoulder pain, wrist pain, cervical spondylosis with myelopathy, lumbar spine degenerative disc disease, thoracic spine pain and low back pain. Surgeries have included a left carpal tunnel and ulnar release in 2013 and a right carpal tunnel and ulnar release in 2012. Treatment to date has included pain medication, chiropractic treatment, thoracic facet joint injection, diagnostic testing and an electromyography and nerve conduction velocity study of the upper extremities. Current documentation dated December 18, 2014 notes that the injured worker reported low back pain. The pain was rated a three out of ten on the Visual Analogue Scale with medications. Physical examination of the lumbar spine revealed pain and a restricted range of motion. Straight leg raise was positive. Examination of the thoracic spine revealed tightness of the paravertebral muscles and limited range of motion. Right shoulder examination revealed tenderness to palpation and a positive Hawkins's test. On January 7, 2015 Utilization Review non-certified a request for Parafon Forte DSC 500 mg # 60 and acupuncture treatment # 6. The MTUS, ACOEM Guidelines and Acupuncture Medical Treatment Guidelines, were cited. On January 15, 2015, the injured worker submitted an application for IMR for review for Parafon Forte DSC 500 mg # 60 and acupuncture treatments # 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Parafon Forte DSC 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299 and 308, Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) and Parafon Forte (Chlorzoxazone) Page(s): 63-65.

Decision rationale: MTUS states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004)." MTUS additionally states "Chlorzoxazone (Parafon Forte, Paraflex, RelaxDS, Remular S, generic available): this drug works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. (See, 2008) Side Effects: Drowsiness and dizziness. Urine discoloration may occur. Avoid use in patients with hepatic impairment. Dosing: 250-750 mg three times a day to four times a day." Medical records indicate that this patient has been on this medication in excess of the guideline recommendations. In addition the treating physician has not provided a medical rationale to exceed guidelines. As such, the request for Prescription of Parafon Forte DSC 500mg #60 is not medically necessary.

6 Sessions of acupuncture: 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 Neck and Upper Back, Acupuncture

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state 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." The medical records do not indicate that pain medication is reduced or not tolerated. There is also no indication that this would be used in conjunction with surgical intervention.

ODG states regarding shoulder acupuncture, "Recommended as an option for rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following surgery." and additionally specifies the initial trial should be '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.)" The medical records indicate that a utilization review has approved for a trial course of 6 acupuncture sessions. There is no evidence provided that indicates the patient has experienced functional improvements as a result of acupuncture. As such, the request for 6 Sessions of acupuncture is not medically necessary at this time.