

Case Number:	CM15-0133494		
Date Assigned:	07/21/2015	Date of Injury:	07/27/2014
Decision Date:	08/17/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old male sustained an industrial injury on 7/27/14. He subsequently reported neck and back pain. Diagnoses include cervical spine sprain/ strain with radicular complaints, right elbow medial/ lateral epicondylitis and lumbar spine sprain/ strain with radicular complaints. Treatments to date include MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience neck pain that radiates to the bilateral arms and low back pain that radiates to the right leg. Upon examination, there was tenderness to palpation about the paracervical and trapezius musculature. Lumbar spine tenderness at the levels of L5-S1 along with muscle spasms and restricted range of motion due to pain was noted. Tenderness to palpation at the medial and lateral epicondyle of the right elbow was noted. There is restricted range of motion secondary to pain. A request for Flexeril, Acupuncture 2 times a week for 4 weeks for the right elbow and Acupuncture 2 times a week for 4 weeks for the lumbar spine was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain);. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

Decision rationale: The claimant sustained a work injury in July 2014 and continues to be treated for radiating neck and radiating low back pain. When seen, there was cervical and lumbar spine tenderness with muscle spasms and decreased range of motion. There was medial and lateral right elbow tenderness. There was decreased right lower extremity strength and sensation with decreased reflexes. Prior treatments had included 16 acupuncture sessions for the lumbar spine. Flexeril 10 mg #60 was prescribed and had been prescribed on a long-term basis. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.

Acupuncture 2 times a week for 4 weeks for the right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in July 2014 and continues to be treated for radiating neck and radiating low back pain. When seen, there was cervical and lumbar spine tenderness with muscle spasms and decreased range of motion. There was medial and lateral right elbow tenderness. There was decreased right lower extremity strength and sensation with decreased reflexes. Prior treatments had included 16 acupuncture sessions for the lumbar spine. Flexeril 10 mg #60 was prescribed and had been prescribed on a long-term basis. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested for the elbow is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.

Acupuncture 2 times a week for 4 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in July 2014 and continues to be treated for radiating neck and radiating low back pain. When seen, there was cervical and lumbar spine tenderness with muscle spasms and decreased range of motion. There was medial and lateral right elbow tenderness. There was decreased right lower extremity strength and sensation with decreased reflexes. Prior treatments had included 16 acupuncture sessions for the lumbar spine. Flexeril 10 mg #60 was prescribed and had been prescribed on a long-term basis. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, no adjunctive therapy was being planned. The claimant has already had acupuncture treatments for the lumbar spine and the number of treatments now being requested is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.