

Case Number:	CM15-0183503		
Date Assigned:	09/24/2015	Date of Injury:	04/05/2004
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on 4-5-2004. A review of the medical records indicates that the injured worker is undergoing treatment for C5-C6 and C6-C7 degenerative disc disease with left C6 radiculopathy. On 8-18-2015, the injured worker reported no change in his neck pain, interscapular pain, left shoulder pain or left arm pain, rating his pain as 8 out of 10. The Treating Physician's report dated 8-18-2015, noted cervical extension at 20 degrees caused neck pain, full strength with pain on isolated left supraspinatus testing, and 5 out of 5 weakness in the left extensor digitorum, first DI, and full strength on the right, bilateral deltoid, supraspinatus and triceps. The Physician noted recommending Effexor to reduce the injured worker's neuropathic pain and improve his mood. The treatment plan was noted to include acupuncture to improve range of motion (ROM), reduce pain, and improve function, and Fexmid, prescribed since at least 2-25-2015, and Anaprox, prescribed since at least 3-26-2015, dispensed with continuation of Zanaflex and Lyrica, prescribed since at least 9-8-2015. The injured worker was noted to be capable of continuing modified duty with restrictions of no lifting greater than 15 pounds, remaining permanent and stationary. On 6-4-2015, the injured worker rated his back-leg pain as 5 out of 10 and neck-arm pain 7 out of 10. The injured worker's previous treatments were noted to include physical therapy, chiropractic treatments, and epidural steroid injection (ESI)-facet injections, and medication. The request for authorization dated 8-18-2015, requested Anaprox 550mg twice a day qty: 60.00, Fexmid 7.5mg twice a day qty: 60.00, and Acupuncture cervical spine qty: 4.00. The Utilization Review (UR) dated 8-27-2015, approved the request for Anaprox 550mg

twice a day qty: 60.00, and denied the request for Fexmid 7.5mg twice a day qty: 60.00, and Acupuncture cervical spine qty: 4.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture cervical spine qty: 4.00: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents on 08/18/15 with pain in the neck, interscapular region, left shoulder, and left arm rated 8/10. The patient's date of injury is 04/05/04. The request is for Acupuncture cervical spine qty: 4.00. The RFA is dated 08/18/15. Physical examination dated 08/18/15 reveals pain elicitation upon extension of the cervical spine, weakness in the left extensor digitorum and first dorsal interossei in the left hand. The patient is currently prescribed Anaprox, Zanaflex, Lyrica, and Fexmid. Patient is currently working modified duties. MTUS Guidelines Acupuncture section, page 13 states: See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/ Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the 4 sessions of acupuncture for this patient's cervical spine pain, the request is appropriate. There is no indication in the records provided that this patient has undergone any acupuncture treatments to date. MTUS guidelines support acupuncture as a conservative option for 3-6 treatments initially, with additional sessions contingent upon improvements. Given this patient's chronic pain complaints, and the lack of evidence that he has undergone any acupuncture to date, a course of 4 sessions falls within guideline recommendations and could produce benefits for this patient. Therefore, the request is medically necessary.

Fexmid 7.5mg twice a day qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The patient presents on 08/18/15 with pain in the neck, interscapular region, left shoulder, and left arm rated 8/10. The patient's date of injury is 04/05/04. The request is for Fexmid 7.5mg twice a day qty: 60.00. The RFA is dated 08/18/15. Physical examination dated 08/18/15 reveals pain elicitation upon extension of the cervical spine, weakness in the left extensor digitorum and first dorsal interossei in the left hand. The patient is currently prescribed Anaprox, Zanaflex, Lyrica, and Fexmid. Patient is currently working

modified duties. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." In regard to the request for Fexmid, the provider has specified an excessive duration of therapy. This patient has been prescribed Fexmid since at least 03/26/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks. The requested 60 tablets in addition to prior use does not imply the intent to limit this medication to a 2-3 week duration. Therefore, the request is not medically necessary.