

Case Number:	CM15-0196462		
Date Assigned:	10/12/2015	Date of Injury:	03/09/2001
Decision Date:	12/17/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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, 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:

The injured worker is a 50 year old male who sustained an industrial injury on 3-9-01. He currently (9-17-15) complains of neck, lumbar and bilateral shoulder pain. On physical exam, there was tenderness to palpation, limited range of motion with stiffness and spasms of the lumbar spine. His physical exam was unchanged from 3-12-15 where he has muscle spasms and tenderness. He started acupuncture 3-26-15 and at that point had low back pain level of 7 out of 10 pretreatment and 3 out of 10 post treatment and neck pain level of 5 out of 10 pretreatment and 2 out of 10 post-treatment. The acupuncture note dated 5-21-15 indicated that he injured worker had completed 10 out of 12 sessions and it was noted that the pain level pretreatment was 7 out of 10 and after treatment was 2 out of 10. His post treatment pain levels had decreased since the first treatment. The 3-12-15 note indicates that Flexeril and Prilosec were requested. The records do not indicate gastrointestinal issues. The request for authorization dated 9-17-15 was for acupuncture to the neck 2 times per week for 6 weeks; acupuncture to the lumbar spine 2 times per week for 6 weeks; Flexeril 7.5mg #30 with 3 refills; Prilosec 20mg #30with 3 refills. On 9-24-15 utilization Review non-certified the requests for acupuncture to the neck 2 times per week for 6 weeks and modified to 6 sessions; acupuncture to the lumbar spine 2 times per week for 6 weeks and modified to 6 sessions; Flexeril 7.5mg #30 with 3 refills; Prilosec 20mg #30with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture For Neck 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional acupuncture is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, there is documentation of prior acupuncture with significant pain reduction, yet the functional outcome of this prior treatment is not available in the submitted records. Given this, the currently requested acupuncture is not medically necessary.

Acupuncture For Lumbar Spine 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional acupuncture is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, there is documentation of prior acupuncture with significant pain reduction, yet the functional outcome of this prior treatment is not available in the submitted records. Given this, the currently requested acupuncture is not medically necessary.

Flexeril 7.5mg #30 + 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.

Prilosec 20mg #30 + 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.