

Case Number:	CM15-0225131		
Date Assigned:	11/23/2015	Date of Injury:	07/18/2011
Decision Date:	12/31/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/17/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 39 year old female, who sustained an industrial injury on 7-18-2011. The injured worker was being treated for pain of joint of the lower leg. The injured worker (8-25-2015) reported pain of the right knee, calf, and ankle with instability. She rated her pain: 7 out of 10 current, 9 out of 10 at worst, 5 out of 10 on average, and 7 out of 10 with activity. The physical exam revealed pain on palpation of the patella and calf, mild effusion, partial squatting with pain, normal right knee flexion and extension, and decreased sensation on pin in the right foot. The injured worker (9-29-2015) reported pain of the right knee and calf with instability in weight bearing, and walking, and right foot numbness. The physical exam revealed painful palpation of the patella, mild effusion, pain on palpation of the calf, and decreased sensation on pin in the right foot. Treatment to date included acupuncture, off work, and medications including pain and muscle relaxant (Flexeril since at least 8-25-2015). Per the treating physician (9-29-2015 report), the injured worker has not returned to work. On 10-12-2015, the requested treatments included Flexeril 5mg and 8 sessions of acupuncture for the right knee and right lower leg. On 10-22-2015, the original utilization review non-certified requests for Flexeril 5mg and 8 sessions of acupuncture for the right knee and right lower leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 sessions right knee and right lower leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Per the MTUS Acupuncture Medical Treatment Guidelines, pages 8&9. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). The guidelines specifically report 3-6 treatments initially. As the request is for 8 visits, the request does not meet the guidelines. The request is not medically necessary and the determination is for non-certification.

Flexeril 5mg #60: 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: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; 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. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; 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. (Browning, 2001) Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks and is typically used postoperatively. The addition of cyclobenzaprine to other agents is not recommended. In this case there is no evidence of muscle spasms on review of the medical records from 9/29/15. There is no evidence of functional improvement, a quantitative assessment on how this medication helps percentage of relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. Per CA MTUS guidelines there is no indication for the prolonged use of a muscle relaxant. Thus the prescription is not medically necessary and the recommendation is for non-certification.