

Case Number:	CM15-0036016		
Date Assigned:	03/04/2015	Date of Injury:	08/01/2009
Decision Date:	04/15/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/25/2015

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, Hawaii
 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 52 year old female who sustained an industrial injury on 8/1/09. The injured worker reported symptoms in the neck, bilateral shoulders, and bilateral wrists. The diagnoses included cervical strain with cervical disc disease, bilateral anterior shoulder pain, left greater than right, bilateral lateral epicondylitis, bilateral wrist tendinitis, and muscle contraction and vascular headaches secondary to cervical and shoulder pain and abnormal mobility. Treatments to date include cortisone injections, chiropractor and treatments. In a progress note dated 2/4/15 the treating provider reports the injured worker was with "tenderness over the cervical paraspinal muscles, left upper trapezius muscle, and left rhomboid...bilateral wrist tenderness on the dorsum of both wrists...bilateral lateral epicondylitis tenderness and bilateral anterior shoulder tenderness, left greater than right." On 2/13/15 Utilization Review non-certified the request for acupuncture sessions quantity of 12, Amtrix 15 milligrams #30 and Flector patch #30. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Sessions Qty:12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has ongoing complaints in the neck, shoulders and wrist. The current request is for Acupuncture sessions Qty: 12. The Acupuncture Medical Treatment Guidelines states that Acupuncture is indicated for neck/upper back complaints. Time to produce functional improvement is 3-6 sessions. Acupuncture treatments may be extended if functional improvement is documented. In this case, the patient was authorized 4 acupuncture sessions on May 2014. The attending physician has not demonstrated medical necessity as there is no documentation of improved functional benefit or significant decrease in pain levels. Furthermore, the Acupuncture Medical Treatment Guidelines do not support an additional 12 sessions. As such, recommendation is for denial.

Amrix 15 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient has ongoing complaints in the neck, shoulders and wrist. The current request is for Amrix 15mg #30. The MTUS guidelines support the usage of Amrix (Cyclobenzaprine) for a short course of therapy, not longer than 2-3 weeks. There are no muscle spasms documented on physical examination. The attending physician in this case has not documented that this medication will be used for 2-3 weeks. Amrix has not been shown to be more effective than NSAIDs. Medical necessity has not been established, as such, recommendation is for denial.

Flector patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient has ongoing complaints in the neck, shoulders and wrist. The current request is for Flector patch #30. Flector is a prescription NSAID, (diclofenac). MTUS states that Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, there are no diagnoses of osteoarthritis in the wrists, and therefore medical necessity has not been established. As such, recommendation is for denial.

