MAXIMUS Federal Services

Case Number:	CM15-0086457		
Date Assigned:	06/16/2015	Date of Injury:	08/06/2010
Decision Date:	07/14/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/05/2015

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: Preventive Medicine, Occupational Medicine

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 65 year old female, who sustained an industrial injury on 8/06/2010. She reported cumulative traumatic injuries to the right knee, neck, low back and right shoulder. Diagnoses include closed head injury without evidence of concussion, cervical sprain with cervical disc disease, right rotator cuff tear with surgery, lumbar sprain with lumbar disc disease and nerve root impingement, right ulnar neuropathy and depression. She is status post right shoulder surgery 2/9/11 and revision 5/15/13 and status post lumbar fusion 7/31/12. Treatments to date include medication therapy, physical therapy, chiropractic therapy, psychotherapy, and epidural injection. Currently, she complained of ongoing pain in the low back and right leg. On 3/13/15, the physical examination documented a positive straight leg raise test and tenderness of the patella. The plan of care included continuation of previously prescribed medications and acupuncture. This appeal request was to review authorization for eight sessions of acupuncture, Flexeril 5mg #30, and Flector patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. The injured worker began acupuncture treatments in November, 2014. Progress notes from these visits indicate that the injured worker continues to have moderate pain and is receiving little to no benefit from the treatments in terms of functional gains. The request for 8 sessions of acupuncture is therefore determined to not be medically necessary.

Flexeril 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. There is no indication in the available documentation that the injured worker has had an acute exacerbation of pain and there is no mention of muscle spasm on physical examination. Additionally, available documentation revealed that flexeril cases the injured worker significant GI upset. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 5mg #30 is determined to not be medically necessary.

Flector patches #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Topical Analgesics Section Page(s): 67-73, 111-113.

Decision rationale: The Flector Patch is a topical analgesic containing diclofenac epolamine. The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to

be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Diclofenac is supported for knee pain. The injured worker has used the Flector patches since September, 2014. There is no evidence of significant pain relief from extended use of Flector patches. The request for Flector patches #30 is determined to not be medically necessary.