MAXIMUS Federal Services

Case Number:	CM14-0096050		
Date Assigned:	09/22/2014	Date of Injury:	06/14/2010
Decision Date:	10/21/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/24/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65-year-old male patient who reported an industrial injury to the back on 6/14/2010, over four (4) years ago, attributed to the performance of his usual and customary job tasks. The industrial claim is accepted for the lower back. The patient complained of lower back pain radiating to the bilateral lower extremities. There were no changes since the last visit. The patient also reported bilateral wrist pain. The objective findings on examination included tenderness to palpation of the lumbar spine paraspinals with spasms on the left; range of motion lumbar spine as decreased in all planes; SLR (straight leg raise) is positive bilaterally at 90; facet loading is positive in the lumbar spine with right greater than left. The diagnosis was lumbar radiculopathy bilaterally; lumbar retrolisthesis L1-L2, L2-L3, L3-L4, and lumbar stenosis. The patient was prescribed Prilosec 20 mg; a router 75 mg; Flexeril 10 mg #30; tramadol 50 mg #30; gabapentin 600 mg #30; acupuncture 2x4 directed to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-

64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine

Decision rationale: The prescription for Flexeril (cyclobenzaprine) 10mg, #30 with refill x1 is recommended for the short-term treatment of muscle spasms and not for the long-term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long-term basis contrary to the recommendations of the CA MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms. The California MTUS states that cyclobenzaprine is 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. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of cyclobenzaprine (Flexeril) 10mg, #30 with refill x1 for the effects of the industrial injury.

Acupuncture therapy for lumbar spine two times per week for four weeks, quantity eight: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 2x4 additional sessions of acupuncture directed to the back was not supported with objective evidence of functional improvement with the previous certified sessions of acupuncture. There was no sustained functional improvement documented from the previous course of acupuncture provided during January and February 2012. There is no demonstrated medical necessity for eight (8) additional sessions of acupuncture. There was no provided conservative care by the requesting physician prior to the request for acupuncture after it was noted that the patient had received a significant number of sessions of physical therapy. The treating physician requested acupuncture sessions to the back based on persistent chronic pain due to the reported industrial injury and muscle pain not controlled with medications and home exercises. The request is not consistent with the recommendations of the CA Medical Treatment Utilization Schedule for the continued treatment with acupuncture. The patient was noted to have received the CA MTUS recommended number of sessions of acupuncture over a 1-2 month period of treatment. There is no documented sustained functional improvement. The current request is for maintenance treatment. The patient is not demonstrated to be participating in a self-directed home exercise program for conditioning and strengthening. There is no demonstrated functional improvement on a PR-2 by the acupuncturist. There is no documented reduction of medications attributed to the use of acupuncture. The recent clinical documentation demonstrates that the patient has made no improvement to the cited body parts with the provided

conservative treatment for the diagnoses of sprain/strain. Acupuncture is not recommended as a first line treatment and is authorized only in conjunction with a documented self-directed home exercise program. There is no documentation that the patient has failed conventional treatment. There was no rationale supporting the use of additional acupuncture directed to the back. The use of acupuncture is not demonstrated to be medically necessary. There is no objective evidence to support the continued treatment with acupuncture directed to the cited diagnoses.An initial short course of treatment to demonstrate functional improvement through the use of acupuncture is recommended for the treatment of chronic pain issues, acute pain, and muscle spasms. A clinical trial of four (4) sessions of acupuncture is consistent with the CA Medical Treatment Utilization Schedule, the ACOEM Guidelines, and the Official Disability Guidelines for treatment of the back. The continuation of acupuncture treatment would be appropriately considered based on the documentation of the efficacy of the four (4) sessions of trial acupuncture with objective evidence of functional improvement. Functional improvement evidenced by the decreased use of medications, decreased necessity of physical therapy modalities, or objectively quantifiable improvement in examination findings and level of function would support the medical necessity of 8-12 sessions over 4-6 weeks. There is no demonstrated medical necessity for the requested additional 2x4 sessions of acupuncture.