

Case Number:	CM15-0120133		
Date Assigned:	06/30/2015	Date of Injury:	07/12/2014
Decision Date:	08/25/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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

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 35 year old male patient who sustained an industrial injury on 07/12/2014. The accident was described as while working he fell 16 feet from a second floor landing on concrete with resulting injuries. A primary treating office visit dated 10/13/2014 reported the "pain is better". He is status post ORIF patella. The patient is to continue with physical therapy session and remain off from work through 11/13/2014. At a follow up dated 10/20/2014 the patient had subjective complaint of left knee weak with intermittent neck pain that radiates into the left upper extremity. He also reports residual left wrist pain. He states the prescribed medications and therapy are helping the symptoms; however, he feels it has remained unchanged. He reports headaches associated with sleep interruption; neck pain, low back pain and bilateral wrist pain. The following diagnoses were applied: facial contusion with pain to the left upper and lower dentures; post traumatic cephalgia; contusion/sprain cervical spine/lumbar; left wrist contusion/sprain; fracture, patella, left, and anxiety. The plan of care noted the patient to receive an injection, continue with medications to include Cipro, and Flexeril, and complete physical therapy session. He is to continue working at home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

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

Decision rationale: Based on the 04/13/15 progress report provided by treating physician, the patient presents with pain to neck, low back with associated paresthesia to left lower extremity, and left knee pain. The patient is status post left knee ORIF due to fracture patella on 11/10/14, and manipulation under anesthesia 01/13/15. The request is for Cyclobenzaprine 10mg #30. Patient's diagnosis per Request for Authorization form dated 04/13/15 includes contusion sprain lumbar spine. Patient ambulates with a limp with crepitus and pain in the left knee. Physical examination to the lumbar spine on 04/13/15 revealed spasm and tenderness to palpation to paraspinal muscles. Range of motion was decreased, especially on extension 20 degrees. Treatment to date has included imaging and electrodiagnostic studies, physical therapy, chiropractic, acupuncture, home exercise program and medications. Patient's medications include Cyclobenzaprine, Xanax and Neurontin. The patient is off-work, per 04/13/15 report. MTUS pages 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Cyclobenzaprine has been included in patient's medications, per progress report dated 04/13/15. Provider prescribes Cyclobenzaprine for muscle spasm. MTUS Guidelines do not recommend use of Fexmid (Cyclobenzaprine) for longer than 2 to 3 weeks. In this case, it appears Cyclobenzaprine is being initiated. The request for quantity 30 appears reasonable given patient's symptoms and diagnosis. Therefore, the request is medically necessary.

Xanax 0.5mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Based on the 04/13/15 progress report provided by treating physician, the patient presents with pain to neck, low back with associated paresthesia to left lower extremity, and left knee pain. The patient is status post left knee ORIF due to fracture patella on 11/10/14, and manipulation under anesthesia 01/13/15. The request is for Xanax 0.5mg #30. Patient's diagnosis per Request for Authorization form dated 04/13/15 includes contusion sprain lumbar spine. Patient ambulates with a limp with crepitus and pain in the left knee. Physical examination to the lumbar spine on 04/13/15 revealed spasm and tenderness to palpation to paraspinal muscles. Range of motion was decreased, especially on extension 20 degrees.

Treatment to date has included imaging and electrodiagnostic studies, physical therapy, chiropractic, acupuncture, home exercise program and medications. Patient's medications include Cyclobenzaprine, Xanax and Neurontin. The patient is off-work, per 04/13/15 report. The MTUS Guidelines page 24 states, benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. ODG-TWC, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Xanax has been included in patient's medications, per progress report dated 04/13/15. Provider prescribes Xanax for insomnia. Diagnosis on 04/13/15 includes difficulty falling asleep, and depression, irritability. It appears Xanax is being initiated. Since this is the initial prescription, provider has not had an opportunity to document the medication efficacy for pain assessment and functional improvement. Therefore, the request is medically necessary.

Acupuncture for the low back and left knee 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: Based on the 04/13/15 progress report provided by treating physician, the patient presents with pain to neck, low back with associated paresthesia to left lower extremity, and left knee pain. The patient is status post left knee ORIF due to fracture patella on 11/10/14, and manipulation under anesthesia 01/13/15. The request is for Acupuncture for the low back and left knee 2 times a week for 4 weeks. Patient's diagnosis per Request for Authorization form dated 04/13/15 includes contusion sprain lumbar spine. Patient ambulates with a limp with crepitus and pain in the left knee. Physical examination to the lumbar spine on 04/13/15 revealed spasm and tenderness to palpation to paraspinal muscles. Range of motion was decreased, especially on extension 20 degrees. Treatment to date has included imaging and electrodiagnostic studies, physical therapy, chiropractic, acupuncture, home exercise program and medications. Patient's medications include Cyclobenzaprine, Xanax and Neurontin. The patient is off-work, per 04/13/15 report. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. Per 04/13/15 report, provider states to date the patient has received "3 sessions of acupuncture continue acupuncture treatment directed at low back." Provider is requesting 8 sessions in addition to previously attended 3 sessions. MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) prior to extending additional treatments. In this case, provider has not discussed efficacy of treatment in terms of reduction in pain and improvement in function. The request for additional acupuncture sessions cannot be warranted given lack of documentation. Therefore, the request is not medically necessary.

IF (Interferential) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: Based on the 04/13/15 progress report provided by treating physician, the patient presents with pain to neck, low back with associated paresthesia to left lower extremity, and left knee pain. The patient is status post left knee ORIF due to fracture patella on 11/10/14, and manipulation under anesthesia 01/13/15. The request is for IF (Interferential) Unit. RFA with the request not provided patient's diagnosis on 04/13/15 includes neck and low back pain associated with limited motion, and bilateral wrist and hand pain. Patient ambulates with a limp with crepitus and pain in the left knee. Physical examination to the lumbar spine on 04/13/15 revealed spasm and tenderness to palpation to paraspinal muscles. Range of motion was decreased, especially on extension 20 degrees. Treatment to date has included imaging and electrodiagnostic studies, physical therapy, chiropractic, acupuncture, home exercise program and medications. Patient's medications include Cyclobenzaprine, Xanax and Neurontin. The patient is off-work, per 04/13/15 report. MTUS pages 118-120, under Interferential Current Stimulation has the following regarding ICS units: "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.) If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." Provider has not indicated how the device will be used, or what body part will be treated. The request does not indicate whether this is a rental or home use. Medical records show the requested treatment is not intended as an isolated intervention, as acupuncture is also being requested, and patient is on home exercise program. With regards to interferential unit, there is no evidence that pain is not effectively controlled due to the effectiveness of medication, substance abuse or unresponsiveness to conservative measures. Progress reports dated 03/02/15 and 04/13/15 state "continue to use IF 4 unit at home for pain symptoms." It appears home IF unit has been dispensed prior to authorization. MTUS requires 30-day rental with documentation of use and efficacy before a home unit is allowed. This request for IF unit is not in accordance with guideline indications and lacks documentation; therefore, the request is not medically necessary.