

<b>Case Number:</b>	CM15-0120930		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	11/27/2010
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60-year-old male, who sustained an industrial injury on November 27, 2010. He reported pain and a pulling sensation in his low back. Treatment to date has included modified work duties, NSAIDS, and diagnostic imaging. Currently, the injured worker complains of pain, stiffness and weakness in the lumbar spine. On physical examination, the injured worker has tenderness to palpation, spasm, decreased range of motion and strength of the lumbar spine. An MRI of the lumbar spine on September 5, 2014 revealed neuroforaminal compromise of L4-5 and L5-S1. The diagnoses associated with the request include lumbar sprain/strain. The treatment plan includes Naproxen, Flexeril, and Acupuncture with cupping for the lumbar spine and urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x per week for 4 weeks with cupping-lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in November 2010 and continues to be treated for low back pain. When seen, he was having severe low back pain with stiffness and weakness. There was tenderness with muscle spasms and decreased range of motion and lower extremity strength. Electro diagnostic testing had been negative for radiculopathy. Flexeril and Naprosyn were prescribed and acupuncture treatments were requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.

**Flexeril 10mg tab #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work-related injury in November 2010 and continues to be treated for low back pain. When seen, he was having severe low back pain with stiffness and weakness. There was tenderness with muscle spasms and decreased range of motion and lower extremity strength. Electro diagnostic testing had been negative for radiculopathy. Flexeril and Naprosyn were prescribed and acupuncture treatments were requested. Flexeril (Cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with more than 3 weeks of use and was not medically necessary.

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 68-73.

**Decision rationale:** The claimant sustained a work-related injury in November 2010 and continues to be treated for low back pain. When seen, he was having severe low back pain with stiffness and weakness. There was tenderness with muscle spasms and decreased range of motion and lower extremity strength. Electro diagnostic testing had been negative for radiculopathy. Flexeril and Naprosyn were prescribed and acupuncture treatments were requested. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of naproxen is 275-550 mg twice daily and the

maximum daily dose should not exceed 1100 mg. In this case, the requested dose is within guideline recommendations and is not medically necessary.