

Case Number:	CM15-0064037		
Date Assigned:	04/10/2015	Date of Injury:	03/27/2014
Decision Date:	05/13/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/03/2015

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 32 year old male, who sustained an industrial injury on March 27, 2014, incurring back injuries working for a tree service. He was diagnosed with lumbar disc displacement without myelopathy, lumbosacral spondylosis, spinal lumbar stenosis, neck sprains and thoracic sprains. Treatment included physical therapy, opioid management, and anti-inflammatory drugs. Currently, the injured worker complained of persistent muscle pain in the neck and back. The treatment plan that was requested for authorization included twelve sessions of acupuncture and a prescription for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #90: Upheld

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

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

Decision rationale: This patient presents with low back pain. The request is for Cyclobenzaprine 5mg #90 per 03/16/15 report. RFA is not available. The request was certified by the utilization review letter dated 03/26/15 with modification to Cyclobenzaprine 5mg #60. The patient is currently working with restrictions per 03/16/15 report. MTUS pg 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 exacerbations 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." Review of reports does not show prior use of Cyclobenzaprine. Per 03/16/15 report, the patient had a flare-up of pain recently while opening the window and the treater noted that "Norco does help to reduce his pain but with this flare-up of pain, he states that the pain has not improved as much." It would appear that the treater is prescribing this medication for the patient's flare-up. However, the treater does not indicate that this is to be for a short-term use. The guidelines do not recommend more than 2-3 weeks for this medication and the treater has prescribed this medication for a month without an explanation. The request IS NOT medically necessary.

12 sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient presents with low back pain. The request is for 12 sessions of acupuncture per 03/16/15 report. RFA is not available. The request was certified with the utilization review letter dated 03/26/15 with modification to 6 sessions of acupuncture. The patient is currently working with restrictions per 03/16/15 report. Review of reports does not show any prior acupuncture treatments. MTUS for acupuncture page 8-9, recommends an initial trial of 6 sessions of acupuncture and additional treatments with functional improvement. Request of 12 sessions of acupuncture exceeds what MTUS recommends for an initial trial. The request IS NOT medically necessary.