

Case Number:	CM15-0065211		
Date Assigned:	04/13/2015	Date of Injury:	06/27/2014
Decision Date:	06/19/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/06/2015

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: Arizona, Michigan

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 28 year old female who sustained an industrial injury on 6/27/14 from a slip and fall where she landed on her knees and hands. She had x-rays of her left knee which were negative, medication and rest. She currently complains of mid/upper back, lower back, left shoulder, bilateral elbows and left knee pain. Her back pain and left shoulder pain and knee level is 6/10. Her bilateral elbow pain is 4/10. She has continued pain with range of motion and performing activities of daily living. She has sleep difficulties. Medications are Norco Fexmid, Terocin patch. Diagnoses include thoracic and lumbar musculoligamentous strain/ sprain; lumbar spine disc extrusion; left shoulder sprain/ strain, tendinitis; left shoulder impingement syndrome; bilateral elbow sprain/ strain; left knee sprain/ strain, rule out left knee meniscal tear; situational depression. Treatments to date include medications, physical therapy which is not helpful. Diagnostics include MRI of the lumbar spine (10/1/14) abnormal. In the progress note dated 2/25/15 the treating provider's plan of care requests acupuncture for the thoracic and lumbar spine, left shoulder and left knee twice per week for six weeks; extracorporeal shockwave therapy for the left shoulder once per week for four weeks; Fexmid for pain and spasms; Norco for pain; Terocin Patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks to lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar and Thoracic (Acute and chronic) / Acupuncture.

Decision rationale: The MTUS, recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication, induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments. 1-3 times a week for 1-2 months. Per the ODG, acupuncture is recommended as an option for chronic low back pain in conjunction with other treatments. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) However the request is outside the guideline recommendation of an initial trial of 3-4 visits over 2 weeks and therefore the request for Acupuncture 2 times a week for 6 weeks to lumbar is not medically necessary.

Acupuncture 2 times a week for 6 weeks to left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute and chronic) / Acupuncture.

Decision rationale: The MTUS, recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication, induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments. 1-3 times a week for 1-2 months. Per the ODG, acupuncture is recommended as an option for rotator cuff tendinitis, frozen shoulder, subacromial impingement syndrome and rehab following surgery. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) However, the request is outside the guideline recommendation of an initial trial of 3-4 visits over 2 weeks and therefore the request for Acupuncture 2 times a week for 6 weeks to left shoulder is not medically necessary.

Acupuncture 2 times a week for 6 weeks to left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (acute and chronic).

Decision rationale: The MTUS, recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication, induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments. 1-3 times a week for 1-2 months. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) However, the request is outside the guideline recommendation of an initial trial of 3-4 visits over 2 weeks and therefore the request for Acupuncture 2 times a week for 6 weeks to left knee is not medically necessary.

ECSWT of the left shoulder 1 time a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute and chronic) / Extracorporeal shock wave therapy.

Decision rationale: The MTUS / ACOEM did not sufficiently address the use of ECSWT for the shoulder, therefore other guidelines were consulted. Per the ODG, it is recommended for calcifying tendinitis but not for other shoulder disorders. If the injured worker meets the criteria for use then no more than 3 sessions are recommended over a 3 week period. A review of the injured workers medical records do not reveal anything that would warrant deviating from the guidelines, therefore the request for Extracorporeal Shock Wave Therapy of the left shoulder 1 time a week for 4 weeks is not medically necessary.

Fexmid (cyclobenzapine) 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

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

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. Treatment is not recommended for longer than 2-3 weeks. Therefore, the request for Fexmid (cyclobenzaprine) 7.5mg #90 is not medically necessary.

Terocin patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111.

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

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and therefore the request for Terocin patches #30 is not medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78, 89, 95).

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually

increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records that are available to me do not reveal documentation of pain and functional improvement with the use of opioids according to MTUS recommendations for ongoing management, therefore the request for Norco 5/325 mg # 60 is not medically necessary.