MAXIMUS Federal Services

Case Number:	CM15-0070590		
Date Assigned:	04/20/2015	Date of Injury:	06/07/1996
Decision Date:	07/02/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/14/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 53 year old male who sustained an industrial injury on October 5, 2011. He has reported a head and lower back injury and has been diagnosed with head trauma and orthopedic injuries. Treatment has included acupuncture, medical imaging, physical therapy, TENS unit, heat, a home exercise program, back traction, injections, and medications. Currently the injured worker had constant pain in the low back radiating into the lower extremities. The treatment request included additional acupuncture, TENS unit, Fenoprofen, and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 2 Times A Week for 6 Weeks for LS and Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Guidelines state that acupuncture may be used as a adjunct to physical rehab and/or surgical intervention to hasten physical recovery. In this case, there is no

documentation that the claimant is seeking either of the above goals, therefore he does not meet criteria for additional acupuncture therapy. Acupuncture is of "possible benefit" for short-term pain relief, however this patient has chronic pain. Acupuncture is not recommended as a modality in chronic pain relief, therefore the request is not medically necessary or appropriate.

TENS Unit 1 Month Trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The CA MTUS states that TENS is not recommended as a primary treatment modality or an isolated treatment intervention in absence of a functional based treatment program. It is also not recommended for treatment of chronic pain. In this case, the request for a 1-month trial is deemed not medically necessary since there is no evidence of a functional treatment plan submitted.

Fenoprofen Calcium (Nalfon) 400 MG #120 Prescribed on 3/9/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Fenoprofen is an NSAID indicated for mild to moderate osteoarthritic pain. It is indicated for short-term use only and is useful in treatment of the acute stages of pain. In this case, the objective outcome of pain relief and improved function is not documented in the records submitted. Thus, this request is deemed not medically necessary at this time.

Cyclobenzaprine Hydrochloride Tabs 7.5 MG #120 Prescribed on 3/9/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most cases, they show no benefit beyond NSAIDs. Efficacy diminishes over time and prolonged use may lead to dependence. Flexeril is recommended for a short course of therapy; no more than 2-3 weeks. Thus the request for Flexeril 7.5 mg #120 exceeds the guidelines and is not medically necessary or appropriate.