

<b>Case Number:</b>	CM13-0018148		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/06/2008
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of February 6, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a cane; earlier shoulder surgery; and extensive periods of time off of work. In a Utilization Review Report dated August 12, 2013, the claims administrator apparently partially certified a request for three to six sessions of physical therapy as two (2) sessions of physical therapy, partially certified request for Protonix 20 mg #60 as Protonix 20 mg #30, denied Flexeril outright, and denied a request for work hardening/work conditioning. The claims administrator stated, quite sparsely, that it is not necessary for the applicant to have work hardening and work conditioning while concurrently receiving physical therapy. The claims administrator stated that it was partially certifying Flexeril to treat gastritis but did not provide a rationale for why a partial certification was endorsed as opposed to an outright approval. The applicant's attorney subsequently appealed. In a May 25, 2013 progress note, the applicant reported 5-9/10 multifocal shoulder, leg, and low back pain. The applicant was given a prescription for Protonix for gastric upset. The applicant was using a cane. It was not clearly stated whether the applicant was being given Protonix for prophylactic purposes or for actual symptoms of dyspepsia. It was stated that the applicant was also using ibuprofen. In a progress note dated July 26, 2013, the applicant stated that he remained off of work as his employer was unable to accommodate his limitations. The applicant was still using a cane. The applicant acknowledged that Flexeril did impair his cognition. The note was somewhat difficult to follow and mingled old complaints with current complaints. Protonix was again endorsed, although, once again, the attending provider did not state whether this was being given for gastric

prophylactic purpose or for actual dyspepsia. The applicant was described as drawing State Disability Insurance (SDI) benefits, it was stated. Additional physical therapy and work conditioning were sought.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy treatment one to three (1-3) times a week for two (2) weeks to back.:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic, MTUS 9792.20f Page(s): 99,8.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 8 to 10 sessions of treatment for radiculitis, the principal diagnosis reportedly present here, this recommendation is qualified by commentary on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has failed to incorporate any such discussion of medication efficacy into the decision to pursue additional physical therapy. The applicant remains off of work. The applicant remains highly reliant and highly dependent on medications as well as a cane. No clear goals for further physical therapy have been proffered, particularly in light of the fact that the applicant has already apparently been declared permanent and stationary through a medical-legal evaluation. The applicant has not, furthermore, demonstrated functional improvement as defined in MTUS 9792.20f through earlier physical therapy. Therefore, the request for additional physical therapy is not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, Cardiovascular Risk topic Page(s): 69,7.

**Decision rationale:** The request in question does represent a renewal request. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors to combat NSAID-induced dyspepsia, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendation. In this case, there has been no discussion of how or if ongoing usage of Protonix has been effective here. It is not clearly stated, furthermore, whether the applicant was being given Protonix for active symptoms of dyspepsia or for gastric protective purposes, to

use in conjunction with ibuprofen. Therefore, the request for Protonix is not medically necessary.

**Flexeril 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including Motrin and Norco. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request for Flexeril is not medically necessary.

**Referral to work hardening and conditioning; two (2) times a week for four (4) weeks.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening topic Page(s): 125.

**Decision rationale:** Per page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, work hardening and work conditioning represent different entities. It is not clearly stated which modality, namely work hardening or work conditioning is being sought here. It is further noted that one of the prerequisites for admission to a work hardening program includes evidence that an applicant has a work-related musculoskeletal condition with functional limitations precluding the ability to safely achieve current job demands. An FCE may be required to demonstrate capacities below an employer verified physical demand analysis. In this case, however, it has not been clearly stated what job tasks and/or job duties the applicant is unable to perform, nor has the applicant had a precursor FCE. It is further noted that page 125 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that a clearly-defined return-to-work goal be agreed upon by the employer and employee prior to pursuit of work hardening. In this case, however, no clear return-to-work goal has been outlined. It is not clearly stated whether (or if) the applicant has a job to return to, at this juncture. Therefore, the request is not medically necessary.