

<b>Case Number:</b>	CM13-0018573		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	08/09/1999
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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 patient is a 50-year-old female who reported an injury on 08/09/1999. The patient is diagnosed with cervical sprain, herniated nucleus pulposus at C5-6 with neurological deficits, status post ACDF at C5-6 on 05/02/2013, and lumbar strain. The patient was seen by [REDACTED] on 08/05/2013. The patient was actively participating in a course of physical therapy. Physical examination revealed normal reflexes, normal sensory and power testing to bilateral upper and lower extremities, normal gait, decreased cervical range of motion, and a well-healed incision. Treatment recommendations included continuation of current medications including naproxen, Fexmid, Ultram, and physical therapy twice per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, cervical and lumbar spine QTY 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength,

endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the clinical documentation submitted, the patient has previously participated in a course of physical therapy. Documentation of the previous course of treatment with efficacy and total treatment duration was not provided for review. There is no documentation of a significant musculoskeletal or neurological deficit that would require ongoing skilled physical medicine treatment. Based on the clinical information received, the request is non-certified.

**Naproxen 550mg QTY 90:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent lower back pain. There is no documentation of a significant change in the patient's physical examination. There is no evidence of an acute nature to the current symptoms in which continued use of NSAIDs is necessary. Based on the clinical information received, the request is non-certified.

**Cyclobenzaprine 7.5mg QTY 60:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine is not recommended to be used longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. There is no evidence of palpable muscle spasm, spasticity, or muscle tension upon physical examination. The medical necessity has not been established. As guidelines do not recommend chronic use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

**Tramadol HCL ER 150mg QTY 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously used this medication. Despite ongoing use, the patient continues to report lower back pain. There is also no documentation of a failure to respond to non-opioid analgesics. Based on the clinical information received, the request is non-certified.

**Pantoprazole 20mg QTY 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the use of a proton pump inhibitor. As such, the request is non-certified.