

Case Number:	CM13-0021944		
Date Assigned:	12/27/2013	Date of Injury:	09/30/2001
Decision Date:	02/10/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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 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 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:

This 71 year-old male CEO/President sustained an injury to his neck from repetitive movement on 9/30/01 while employed by [REDACTED]. Requests under consideration include physical therapy for the cervical spine 2X3, Lunesta, Flexeril, and Diclofenac. Diagnoses include degeneration of cervical intervertebral disc; cervicgia; neck pain; s/p ACDF C3-7 on 11/1/12. Report of 6/12/13 from [REDACTED] noted complaints of pain and spasm in the cervical spine. Exam showed mild dysphonia. Plan included PT and multiple medications. Report of 7/24/13 noted continued complaints of neck pain. Physical Therapy report of 7/25/13 noted the patient had completed PT treatment. Exam showed positive Rhomberg's sign. Plan was for PT and continued medications. There is a report dated 10/30/13 from [REDACTED] who noted patient is one year post cervical surgery and has returned for routine follow-up. He is having some balance issue and is waiting for neurology consultation authorization. He has no new complaints. Exam noted decreased range of motion; negative Hoffmann's; unable to tandem gait; 5/5 upper and lower motor strength. Plan included aqua therapy and neurology consult. Neurologist, [REDACTED] on 10/22/13 noted the patient had noticed balance problem since early 2000 and noted balance impairment most consistent with cerebellar degenerative process and not related to any cervical spinal condition. Requests were non-certified on 8/27/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine (6 sessions): Upheld

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

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for post-surgery physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous therapy sessions reports and current request is for additional PT. Submitted reports have not adequately demonstrated the indication to support further physical therapy for surgery over 14 months without clear physical deficit related to injury to address. The physical therapy for the cervical spine is not medically necessary and appropriate.

Lunesta: 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), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia Treatments

Decision rationale: Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), "Pain". Additionally, Lunesta is a benzodiazepine-like, Schedule IV controlled substance. ODG does not recommend benzodiazepines: "Benzodiazepines: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Submitted documents have not demonstrated any functional improvement from Lunesta treatment prescribed for quite some time for this 2001 injury. Lunesta is not medically necessary and appropriate.

Flexeril: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

Decision rationale: There are minimal objective findings documented without clear spasm on multiple reports by multiple providers. MTUS Guidelines do not recommend long-term use of muscle relaxants and medical necessity has not been established. The Flexeril is not medically necessary and appropriate.

Diclofenac: 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): 22.

Decision rationale: There are minimal objective findings documented without clear indication of acute flare or new injury. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of Diclofenac's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue Diclofenac for an injury of September 2001 nor have they demonstrated any functional efficacy derived from treatment already rendered. The Diclofenac is not medically necessary and appropriate.