

Case Number:	CM13-0021954		
Date Assigned:	11/13/2013	Date of Injury:	05/13/2013
Decision Date:	02/13/2014	UR Denial Date:	08/23/2013
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, has a subspecialty in Pain Medicine, and is licensed to practice in <Oklahoma 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 62-year-old female who reported an injury on 05/13/2013. The injury was noted to have occurred when the patient had a syncopal event and fell. Her symptoms are noted to include pain in her neck, lower back, and bilateral hips. Her diagnoses include cervical sprain/strain, degenerative disc disease, pain in knee, hip and thigh sprain/strain, and insomnia. It was noted that recommendations were made for Cyclobenzaprine 10 mg, naproxen 500 mg, and Tramadol/APAP 37.5/325 mg. She was also being referred for physical therapy 3 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times per week for 6 weeks for the cervical spine: 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), Neck and Upper Body, Physical medicine

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

Decision rationale: According to California MTUS Guidelines, physical medicine is recommended as 9 to 10 visits over 8 weeks for the treatment of unspecified myalgia and myositis. The patient was noted to have subjective complaints and functional deficits related to her cervical spine. Therefore, physical medicine would be supported to improve function. However, the request for physical therapy 3 times a week for 6 weeks exceeds guideline recommendations of a total of 9 to 10 visits over 8 weeks. Therefore, the request is not supported.

Cyclobenzaprine HCL (Flexeril) 10mg #60: Upheld

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

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

Decision rationale: California MTUS Guidelines state Cyclobenzaprine may be an option for a short course of therapy. It further states the effect of Cyclobenzaprine has been shown to be greatest in the first 4 days of treatment, suggesting that shorter courses are better. It also states the addition of Cyclobenzaprine to other agents is not recommended. As guidelines indicate that treatment with Cyclobenzaprine should be very limited, the request for Cyclobenzaprine #60 tablets is not supported. Additionally, as the patient was noted to be prescribed other medications including an NSAID and Tramadol/APAP, Cyclobenzaprine is not supported as guidelines state it should not be added to other agents. For these reasons, the request is non-certified.

Tramadol/APAP (Ultracet) 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

Decision rationale: Official Disability Guidelines state a therapeutic trial of opioids should not be initiated until after the patient has failed a trial of non-opioid analgesics. Additionally, there needs to be documentation of a pain-related assessment which includes history of pain treatment and the effect of pain and function. The clinical information submitted for review failed to show the patient had tried and failed an adequate trial of non-opioid analgesics prior to the prescription being submitted for Tramadol/APAP. The clinical information indicates the patient was also prescribed naproxen 500 mg on 08/09/2013. However, it does not state whether the patient had a trial with naproxen alone, prior to being prescribed the Tramadol/APAP. Additionally, the documentation does not include a pain-related assessment with a detailed history of the patient's previous pain treatments and the effect and possible adverse effects. In the absence of this detailed documentation and an adequate trial of non-opioid analgesic, the request is not supported.

