

Case Number:	CM13-0024743		
Date Assigned:	11/20/2013	Date of Injury:	03/28/2002
Decision Date:	01/24/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/16/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 60-year-old male with a date of injury on 3/28/02. The progress report, dated 6/2/13 by [REDACTED], noted that the patient complained of continued low back pain with muscle spasms, which cause bilateral calf pain. He continues to have difficulty swallowing due to hardware in cervical spine. He also complained of right shoulder pain and his knees continue to buckle. The patient reports that the pain and anti-inflammatory lotion provides him with good relief; he is able to get by with lower doses of pain medication. He reported that the muscle relaxants give him relief at nighttime, especially when his calves start to burn. He then uses the topical lotion for relief. Exam findings include decreased lumbar and cervical range of motion, antalgic posture, positive (SLR) straight leg raising I on the left, tenderness to palpation noted in various locations of the paraspinal muscles and right shoulder. The patient's diagnoses include: status post four-way heart bypass; diabetes mellitus; status post right (CTS) carpal tunnel syndrome; right shoulder impingement; chronic lumbosacral sprain/strain with radiculitis; status post cervical spine fusion; right inguinal hernia; depression; difficulty swallowing; hearing loss. It was noted that the patient underwent 4 physical medicine treatments for flare ups between 3/12/13 and 5/2/13, which he reported were helpful to provide temporary relief. The patient was prescribed a 2 month supply of his medications, including the requested Norflex #120. Physical medicine treatment of 1-3 times during any two-week period of time for any acute flares of his chronic pain that he is unable to resolve with his home exercise program or pain medication was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle relaxants (for pain)..

Decision rationale: The progress report, dated 6/2/13 by [REDACTED], indicated that this patient suffers from chronic pain and muscle spasms with frequent flare ups. He reported that the muscle relaxants give him relief at nighttime, especially when his calves start to burn. The records show that the patient has been on long term use of muscle relaxants. MTUS Chronic Pain Medical Treatment Guidelines (pg.63) recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The continued use of Norflex b.i.d. #120 is not supported by the guidelines noted above. Therefore the request for Norflex #120 is not medically necessary and appropriate.

Tramcap C + Diflur 120mg lotions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-113.

Decision rationale: The progress report, dated 6/2/13 by [REDACTED] indicated that this patient suffers from chronic pain and muscle spasms with frequent flare ups. The patient reports that the pain and anti-inflammatory lotion provides him with good relief; he is able to get by with lower doses of pain medication. Chronic Pain Medical Treatment Guidelines, (pg. 111-113) has the following to say about topical analgesics, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended" The requested topical lotion (Tramcap C + Diflur 120mg) contains Tramadol in it which is not mentioned by Chronic Pain Medical Treatment Guidelines as an option for topical application. Therefore the request for Tramcap C+Diflur 120mg lotion is not medically necessary and appropriate..

Physical Therapy 1 to 3 times over a 3 week period: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The progress report, dated 6/2/13 by [REDACTED], indicated that this patient suffers from chronic pain and muscle spasms with frequent flare ups. Physical medicine treatment 1-3 times of any two-week period of time for any acute flares of his chronic pain that he is unable to resolve with his home exercise program or pain medication was recommended. Chronic Pain Medical Treatment Guidelines, (pg. 98, 99) regarding physical medicine allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The request for physical therapy treatment 1-3 times over a 3 week period appears to be an ongoing request, as it was noted that the patient underwent 4 physical medicine treatments for flare ups between 3/12/13 and 5/2/13, which he reported was helpful to provide temporary relief. MTUS does not support ongoing physical therapy treatment without an endpoint. MTUS also does not have a discussion or recommendation for treatments to address flare-up's, exacerbation or functional decline. A new injury, a change in diagnosis or post-operative care are allowed additional therapy. Therefore the request for physical therapy 1 to 3 times week over a 3 week period is not medically necessary or appropriate.