

Case Number:	CM13-0036653		
Date Assigned:	01/15/2014	Date of Injury:	05/18/2012
Decision Date:	04/09/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 46 year-old female with a date of injury of 05/08/2012. The listed diagnoses per [REDACTED] are: 1) Lumbar radiculopathy 2) Lumbar Degenerative disc disease 3) Lumbar spondylosis 4) Regional myofascial pain 5) Sleep and mood disorder secondary to chronic pain syndrome According to report dated 10/14/2013 by [REDACTED], the patient presents with chronic low back pain that radiates down the right lower extremity in a L5 versus S1 distribution. She describes weakness in her right foot and numbness in the distribution of her pain. The pain ranges from 6 to 10 in intensity and described as sharp, aching, numb, burning, and shooting. Physical examination reveals patient walks with an ontology gait favoring the right lower extremity. There is 4 to 5 strength in the right EHL compared to left. There is demonstrated increase sensation to light touch on the right posterior lateral calf. Patient demonstrates positive seated straight leg raise. Patient medication regimen includes Tramadol, Celebrex, Flexeril and Celexa. Patient's history of treatment includes 18 physical therapy sessions, tissue massage, psychological counseling and biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 6 for Lumbar Spine: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with chronic low back pain that radiates down the right lower extremity. The treater is requesting additional 6 sessions of physical therapy as she "will ultimately benefit most from aggressive physical reconditioning." The treater in an appeal letter dated 11/08/2013 argues the patient has received 18 sessions; however, "there is support for additional physical therapy by the QME on an annual basis." Medical records indicate this patient has received 18 physical therapy sessions with the most recent course of 6 sessions received between 06/11/2013 to 06/20/2013. For physical medicine, the MTUS guidelines pgs 98, 99 recommends for myalgia, myositis and neuralgia type symptoms 9-10 visits over 8 weeks. This patient has received 18 sessions thus far and the patient should be able to perform the necessary exercises at home for pain control. MTUS does not support more than 8-10 sessions for this type of condition. Recommended is for denial.

Skelaxin: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61.

Decision rationale: This patient presents with chronic low back pain that radiates down the right lower extremity. The treater is requesting Skelaxin for patient's "tenderness to palpation of the lumbar paraspinal muscles including spasm." The treater in an appeal letter dated 11/08/2013 argues that this patient is "only to use the medication during periods of muscle spasticity which is why the medication is prescribed prn." For Metaxalone (Skelaxin®), the MTUS guidelines page 61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by ██████████ under the brand name Skelaxin®) is a muscle relaxant that is reported to be relatively non-sedating. This patient has been prescribed Skelaxin for patient's use on an as needed basis for acute spasms. The medical reports dating from 01/21/2013 to 10/14/2013 reveal the patient has not tried Skelexin. The patient was on Flexeril since 2/11/13. MTUS does allow for a short-term use of muscle relaxants for pain and spasms. Given the recommendation for short-term use during the times of flare, recommendation is for authorization.

Tramadol 50mg TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-61.

Decision rationale: This patient presents with chronic low back pain that radiates down the right lower extremity. The treater is requesting Tramadol 50mg. The treater in his appeal letter dated 11/08/2013 argues, that by denying this medication is to remove one of the few treatment modalities which has provided increase in function, decreased pain without side effects. For chronic opiate use, MTUS Guidelines page 88 and 89 require functional documentation using a numerical scale or validated instrument at least once every 6 months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore, under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. A review of the medical file indicates this patient has been prescribed Tramadol since 03/28/2013 by the previous provider [REDACTED]. Patient's care is transferred to [REDACTED] on 10/14/2013 in which he recommends continuing of Tramadol. Treater argues in an appeal letter that this medication provided increase in function and decrease in pain. However, there are no specific discussions in any of the reports from 01/21/2013 to 10/14/2013 that discuss the efficacy of this medication. Pain assessments were not provided and no functional measures were provided. The treater's statement that this medication has been helpful is inadequate and specific documentations are required as mentioned above. The requested Tramadol is recommended is for denial.