

<b>Case Number:</b>	CM13-0037992		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in 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 41-year-old female who reported an injury on 03/20/2013 after lifting a mattress and causing low back pain radiating into her right lower extremity. The patient underwent an MRI that revealed a mild disc bulge at the L3-4, L4-5 and L5-S1 levels with mild lateral recess stenosis at the L3-4 and L4-5 levels. The patient was treated conservatively with physical therapy, medications and an epidural steroid injection. The patient's most recent clinical exam findings included tenderness to palpation and spasm noted over the paralumbar area at the L2-S1 bilaterally and tenderness to the intraspinous area at the L2-5 area with a positive straight leg raise test bilaterally. The patient's diagnoses included spinal stenosis and right leg radiculopathy. The patient's treatment plan included continued physical therapy and continued medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**one (1) continued physical therapy (frequency/duration not specified) for the low back:**  
Upheld

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

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

**Decision rationale:** The requested physical therapy for the low back is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has continued pain complaints that have been responsive to physical therapy. The documentation does indicate that the patient previously underwent physical therapy. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain functional improvements obtained during supervised therapy. As the patient previously participated in physical therapy, she should be well-versed in a home exercise program. The clinical documentation submitted for review does not contain any barriers that would preclude further progress of the patient while participating in a home exercise program. Additionally, the request does not include a frequency or duration. The California Medical Treatment Utilization Schedule recommends continuation of physical therapy if there is functional benefit with timely reassessments. The request as it is written does not allow for timely reassessments. As such, the requested continued physical therapy for the low back is not medically necessary or appropriate.

**Vicodin 5/500mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

**Decision rationale:** The requested Vicodin 5/500 mg #90 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration. The California Medical Treatment Utilization Schedule recommends that the continued use of opioids in the management of a patient's chronic pain be supported by documentation of increased functional benefit, pain relief, management of side effects and monitoring for aberrant behavior. The clinical documentation submitted for review did not provide any evidence that the patient is monitored for aberrant behavior or that the patient is currently engaged in a pain management contract. Additionally, there was no documentation of functional benefit or pain relief as it is related to this medication. As such, the requested Vicodin 5/500 mg #90 is not medically necessary or appropriate.

**Flexeril 10mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested Flexeril 10 mg #30 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. The California Medical Treatment Utilization Schedule recommends the use of muscle relaxants for short courses of treatment, limited to 2 to

4 weeks. Additionally, continued use should be supported by functional benefit and symptom response. The clinical documentation submitted for review does not provide any evidence of functional benefit or symptom response as it is related to this medication. Also, as the patient has exceeded the recommended duration, continuation would not be indicated. As such, the requested Flexeril 10 mg #30 is not medically necessary or appropriate