

Case Number:	CM13-0039522		
Date Assigned:	12/20/2013	Date of Injury:	11/30/2012
Decision Date:	02/24/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/28/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 59-year-old female who reported an injury on 11/30/2012. On the 07/13/2013 progress report, it states that the patient's pain was a 4/10 to 5/10 after completing 6 acupuncture visits. Prior to the acupuncture, the patient's pain was rated at a 9/10 on the Visual Analog Scale (VAS). The patient was provided with an injection in her low back while at a county hospital prior to her exam. Objective findings noted that she had intact motor/sensory of the lower extremities. The patient had been diagnosed with lumbosacroiliac spondylosis, abdominal and pelvic pain, heart palpitations, stress, and depression. On the most recent progress note dated 11/11/2013, the patient had complaints of ongoing lumbar spine pain radiating into the bilateral lower extremities. Prior reports noted she completed approximately 6 to 7 physical therapy sessions with benefit, including better ease with performing activities of daily living (ADLs), to include dressing, driving greater than 10 minutes, and walking for 20 minutes. The patient was noted to have been taking Vicodin for treatment of chronic low back pain and nociceptive pain, as well as chronic pain syndrome. She was also taking Anaprox to reduce pain and inflammation, and Robaxin for treatment of spasms to resume activity and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: 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 Cyclobenzaprine (Flexeril®) Page(s): 41-42.

Decision rationale: According to California MTUS, cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. In the case of this patient, she has been utilizing cyclobenzaprine since at least 07/2013. As this medication has been recommended for short term use only and without having sufficient evidence to indicate the medication has been effective in reducing the patient's pain and spasms, the medical necessity for ongoing use of cyclobenzaprine cannot be established. Furthermore, the Progress Report dated 11/11/2013 noted that the Fexmid was discontinued. Therefore, it is unclear as to why it is being re-ordered at this time. As such, the requested service is non-certified.

Norco 2.5/325mg #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 Opioids Page(s): 74-96.

Decision rationale: Under California MTUS, it states that opioid tolerance develops with repeated use of opioids and brings about the need to increase the dose, and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. In the case of this patient, it was noted that she has been utilizing Norco since at least 07/2013. On the progress report dated 11/11/2013, under the subjective complaints heading, the listed medications show that the Norco had been discontinued on the date of that exam. Therefore, it is unclear as to why the medication is being re-ordered at this time. On the same date of that exam, the physician had written a prescription for Vicodin, Anaprox, and Robaxin as well. Therefore, due to the physician not providing a clear rationale for re-ordering Norco at this time, the recommendation is to begin the weaning process off the medication, unless objective findings can be provided, indicating extenuating circumstances for continuing the medication. As such, at this time, the recommendation is for non-certification.

Physical Therapy three times a week for four weeks for the Lumbar Spine: 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 Physical Medicine Page(s): 98-99.

Decision rationale: Under California MTUS, it states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patients are allowed 9 to 10 visits over 8 weeks for myalgia and myositis unspecified, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. In the case of this patient, she has already completed 6 to 7 prior sessions of physical therapy. The request for an additional 12 sessions would exceed maximum allowance per physical medicine guidelines under California MTUS. Furthermore, with the patient already having completed 6 to 7 sessions of physical therapy, she should be well-versed in continuing with a home health exercise program, as recommended by California MTUS Guidelines. As such, the requested service is non-certified.