

Case Number:	CM13-0041783		
Date Assigned:	12/20/2013	Date of Injury:	12/21/2006
Decision Date:	04/29/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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:

This patient is a 36-year-old male with 12/21/2006 date of injury. Per treating physician's report 09/12/2013, listed diagnoses are: Final Determination Letter for IMR Case Number [REDACTED] 1. Failed back surgery syndrome. 2. History of L5-S1 anterior/posterior fusion. 3. Failed neck surgery syndrome. 4. Cervical radiculopathy; lumbar radiculopathy; allodynia, right leg, suggestive of sympathetically mediated pain. 5. Chronic lumbar back pain, cervical neck pain. 6. Reactive depression. 7. Erectile dysfunction. Recommendation was for physical therapy with aqua therapy x8 sessions. This patient was requesting physical therapy with aqua therapy as soon as possible and asking about the previously requested lumbar epidural steroid injection, and the patient had been having difficulty getting medications filled. Under medication, the patient takes Lyrica and Percocet which he has been out for 2 days, out of MS Contin as well, Cymbalta, Skelaxin. This report does not discuss medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PHYSICAL THERAPY SESSIONS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 2ND EDITION 2004. Page(s): 98-99.

Decision rationale: This patient presents with chronic neck and low back pain having had surgery in both these areas. There is a request for an additional physical therapy 8 sessions. Review of the reports shows that the patient has had 6 sessions of physical therapy. The 09/12/2013 report by treating physician mentions that the patient would like to continue physical therapy with aqua therapy. MTUS Guidelines allow 9 to 10 sessions of physical therapy for myalgia, myositis, neuritis, neuralgia type of condition that this patient suffers from. The patient recently had 6 sessions of physical therapy, and patient should be able to perform the necessary home exercise programs. The treating physician does not specify any specific additional needs for continuing physical therapy. There is no explanation as to why the patient is not able to do the necessary exercises at home. Recommendation is for denial.

SKELAXIN 800MG #90 WITH 2 REFILLS .: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANT..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, METAXALONE. Page(s): 61.

Decision rationale: This patient presents with chronic neck and low back pain with surgeries in both of the areas. There is a request for Skelaxin. The treating physician report 08/20/2013 states that Skelaxin has not been very helpful. MTUS Guidelines page 61 does not recommend use of Skelaxin on a long term basis and recommends it with caution as a second-line option for short-term pain relief in patient's chronic low back pain. The treating physician's report indicates that this medication does not help. MTUS Guidelines do not support the use of this medication in a long-term basis. Recommendation is for denial.

CYMBALTA 30 MG#60 WITH 2 REFILLS.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-DEPRESSANTS. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SELECTIVE SEROTONIN. Page(s): 16,17.

Decision rationale: This patient presents with chronic neck and low back symptoms having had surgery. The patient has psychological depression and anxiety as well. The prescription is for Cymbalta 30 mg. Review of the reports shows that this patient is a stay-at-home dad and takes care of the children, stays active. Pain level fluctuates from 3/10 to 8/10 depending on use of medications and activities. MTUS Guidelines page 16 and 17 does support use of Cymbalta for anxiety, depression, and neuropathic pain. Given this patient's anxiety, depression, and

neuropathic with radiating symptoms down the lower and upper extremities, use of Cymbalta is reasonable. Recommendation is for authorization.

PERCOCET 10/325MG #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS. .

Decision rationale: This patient presents with chronic neck and low back pains. There is a prescription for Percocet. MTUS Guidelines require a variety of documentations for chronic use of opiates. Documentations required the 4 A's including analgesia, activities of daily, adverse effects, aberrant behavior. In this case, the treater's report 08/20/2013 indicates that the patient level of pain goes from 5/10 to 6/0 to 2/10 with use of Percocet. The patient is a stay-at-home dad and takes care of the children. With medication, the patient is able to have significant improvement in activities of daily living and also quality of life. No significant side effects were noted and no significant aberrant behavior has been noted either. Recommendation is for authorization.