

Case Number:	CM13-0044489		
Date Assigned:	12/27/2013	Date of Injury:	03/19/2006
Decision Date:	03/11/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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 Pain Management 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:

This is a female patient with a date of injury of 3/19/06. A utilization review determination dated 10/17/13 recommends non-certification of a replacement knee brace, LSO proline for the lumbar spine, Protonix, and Robaxin. Vicodin was certified and a request for 12 physical therapy sessions was modified to certify 10 sessions. A progress report dated 9/20/13 identifies subjective complaints including low back pain radiating to the bilateral lower extremities. Her braces help support her activities of daily living. She requests replacement due to worn out. Pain level is 3/10 with medications and 7/10 without medications. She has increased function of activities of daily living, such as lifting. Objective examination findings identify weight of 230 pounds, BMI is 42. Lumbar spine tenderness to palpation with spasm over the paravertebral musculature. TTP present over the right sacroiliac joint. SLR elicits low back pain. Yeoman's test is positive on the right. ROM is decreased in all planes. The patient uses a walker for ambulation. Examination of the bilateral knees remains unchanged. Diagnoses include lumbar spine sprain/strain with grade I spondylolisthesis of L5 on S1, multilevel 2-3 mm disc bulges and facet hypertrophy at the L5-S1 level. Treatment plan recommends replacement of knee brace and LSO proline, physical therapy 2 x 6, Vicodin, Protonix, and Robaxin, and discontinue Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750 mg, #30: Overturned

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 Page(s): 63-66.

Decision rationale: Regarding the request for Robaxin, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, the requesting physician has identified that the current medication regimen reduces the patient's pain from 7/10 to 3/10. He has also identified increased functional activities, and muscle spasm present on physical examination. Guidelines recommend muscle relaxants to be used only for a short period of time. The patient has recently had modified certification for 10 physical therapy sessions. This will likely increase the patient's pain. Therefore, the short-term use of Robaxin 750 mg #30 is reasonable. As such, the currently requested Robaxin is medically necessary.

1 replacement knee brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Regarding the request for replacement knee brace, California MTUS supports knee bracing for knee instability, noting that it is usually only necessary if the patient will be stressing the knee under load, such as climbing ladders or carrying boxes. Within the documentation available for review, there is no documentation of knee instability and the need to be stressing the knee under load. In the absence of such documentation, the currently requested replacement knee brace is not medically necessary.

1 replacement LSO proline for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Regarding the request for replacement LSO proline for the lumbar spine, California MTUS cites that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, there is no documentation of a clear rationale for the use of a lumbar brace beyond the acute stage of injury, such as a recent lumbar surgery, compression fracture, spinal instability, etc. In light of

the above issues, the currently requested replacement LSO proline for the lumbar spine is not medically necessary.

12 physical therapy sessions: 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 Physical Medicine Page(s): 98-99 of 127.

Decision rationale: Regarding the request for 12 physical therapy sessions, California MTUS supports up to 10 PT sessions in the management of myalgia/myositis and neuralgia/neuritis/radiculitis. Within the documentation available for review, there is documentation that the request for 12 PT sessions was modified and 10 sessions were certified in accordance with the recommendations of the California MTUS. The 12 sessions currently requested exceed the maximum number of therapy sessions recommended by guidelines. In light of the fact that there is no support for the current request for 12 sessions and there is no provision to modify the request to the 10 sessions supported by the CA MTUS, the currently requested 12 physical therapy sessions are not medically necessary.

Protonix 30 mg, #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 Page(s): 68-69 of 127.

Decision rationale: Regarding the request for Protonix, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. While the patient is over 65, the NSAID was discontinued at the time of the current request. In light of the above issues, the currently requested Protonix is not medically necessary.