

<b>Case Number:</b>	CM13-0046027		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 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 39 year old male with date of injury 02/27/13. Patient has diagnoses of lumbar strain, rule out radiculopathy and left shin contusion. According to report dated 10/22/13 by [REDACTED], patient complains of low back pain and some improvement in his knee symptoms. Patient states "that the most effective therapy he received was physical therapy. " Physical examination shows paravertebral muscles are tender to palpation. Spasm is present. Range of motions is restricted. Straight-leg raising test is positive on the left. The treater is requesting PT x12 lower back, Ketoprofen 75mg, Omeprazole 20mg, Orphenadrine 100mg, Capsaicin 0.1 cream, TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy lower back 3x4:** Upheld

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

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

**Decision rationale:** This patient presents with low back pain. The request is for 12 additional therapy sessions. Progress report dated 05/24/13 shows the patient has already received 12 physical therapy sessions and was approved for 12 more for total of 24 sessions. MTUS guidelines page 98,99 recommends 9-10 visits over 8 weeks for Myalgia and myositis type symptoms. Although physical therapy reports were not available to verify how many treatments this patient has had, the progress report indicates 24 sessions in the recent past. The request for 12 additional sessions at this point far exceeds what is allowed for this type of condition per MTUS guidelines. The patient should have moved onto home exercise program by now. Recommendation is for denial.

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, H-wave, Interferential Transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting the purchase of a TENS unit. MTUS p114-116 states that TENS unit is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. UR report dated 11/01/13, shows a request for TENS unit being modified to a one-month trial. Reports dated 02/27/13 - 11/26/13 do not show that this patient has trialed a home TENS unit. Recommendation is for denial of the requested purchase of TENS. The patient needs to trial one-month home use first.

**Ketoprofen 75 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Medications for chronic pain, Anti-inflammatory medications Page(s): 60-61,67-68,22.

**Decision rationale:** This patient presents with chronic low back pain. The request is for Ketoprofen 75 mg. The utilization review report from 11/01/13 denied the request stating "that there has been no subsequent evidence of functional improvement. The patient has failed to clearly improve in terms of work status, work restrictions, activities of daily living and or diminished reliance on medical treatment." MTUS guidelines page 22 allows for the use of NSAIDs for treatment of chronic low back pain. However, MTUS page 60 also require documentation of pain and function with use of medication in chronic pain. Despite review of reports from 02/27/13 to 11/26/13, there is not a single mention of how the patient is responding to the use of Ketoprofen. Recommendation is for denial.

**Omeprazole DR 20 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Page(s): 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting Orphenadrine a muscle relaxant. MTUS guidelines p 63 on muscle relaxants states that it is recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, they show no benefit beyond NSAIDs in pain and overall improvement. This medication is not recommended to be used for longer than 2-3 weeks. In this case, this muscle relaxant is being prescribed on a long-term basis. Recommendation is denial.

**Orphenadrine ER 100 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Cyclobenzaprine (Flexeril®®, Amrix®®, Fexmidâ¿, generic available) Page(s): 6.

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting Orphenadrine a muscle relaxant. MTUS guidelines p 63 on muscle relaxants states that it is recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, they show no benefit beyond NSAIDs in pain and overall improvement. This medication is not recommended to be used for longer than 2-3 weeks. In this case, this muscle relaxant is being prescribed on a long-term basis. Recommendation is denial.

**Capsaicin 0.1 Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 29.

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting Capsaicin, a topical cream to treat pain. The utilization review letter dated 11/01/13 denied the request stating lack of lasting benefit or function improvement. For Capsaicin cream, MTUS guidelines p111 states that it is recommended as an option for patients who have not responded or tolerated other treatments. Indications are for osteoarthritis, fibromyalgia and chronic non-specific back pain. This patient appears to have the right indications for this product. The patient appears to have failed with conservative treatment as well. Recommendation is for authorization.

