

<b>Case Number:</b>	CM13-0060504		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/04/2007
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Pain Medicine, 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 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:

The patient is a 43-year-old female who reported an injury on 02/04/2007. The mechanism of injury involved a fall. The patient is currently diagnosed as status post accidental fall, lumbar spine discogenic disease, status post posterior lumbar fusion, lumbar failed back syndrome, cervical sprain, right shoulder sprain, gastropathy, insomnia, depression, cephalgia, and complaints of incontinence. The patient was seen by [REDACTED] on 10/22/2013. The patient reported ongoing pain in the lower back. Physical examination revealed painful range of motion, tenderness to palpation, hypertonicity, and myospasm, and positive straight leg raising. Treatment recommendations included continuation of current medication as well as physical therapy twice per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 PHYSICAL THERAPY SESSIONS:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has previously participated in a course of physical therapy. However, documentation of the previous course was not provided. Without evidence of objective functional improvement, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.

**TRAMADOL 50MG #90 AND ONE REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioid should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, continuation cannot be determined as medically appropriate. As such, the request is non-certified.

**TIZANIDINE 4MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to demonstrate palpable myospasm. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**PROCTOFOAM, ONE PRESCRIPTION:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine. National Institutes of Health, Health & Human Services. <http://dailymed.nlm.nih.gov> PROCTOFOAM HC (hydrocortisone acetate and pramoxine hydrochloride) aerosol, foam Proctofoam<sup>®</sup>-HC contains a synthetic corticosteroid used as an anti-inflammatory/antipruritic agent and a local anesthetic. Proctofoam<sup>®</sup>-HC is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses of th

**Decision rationale:** Proctofoam is a synthetic corticosteroids used as an anti-inflammatory/antipruritic agent and a local anesthetic. It is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid responsive dermatosis of the anal region. As per the documentation submitted, the patient has previously utilized this medication in the past. Although it is noted that the patient reported discomfort, there is no objective documentation of an inflammatory process. Additionally, an updated physician progress report submitted by [REDACTED] on 12/17/2013 did not indicate that the patient was currently utilizing this medication. Based on the clinical information received, the request is non-certified.