

Case Number:	CM14-0008052		
Date Assigned:	05/28/2014	Date of Injury:	09/14/2005
Decision Date:	07/15/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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 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 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 46 year old male with date of injury 9/14/05. The treating physician report dated 12/20/13 indicates that the patient presents with a chief complaint of worsening lower back pain and leg pain. The current diagnoses are: 1.Myofascial pain syndrome2.Lumbosacral disc injury3.Lumbosacral sprain/strain injury4.Lumbosacral radiculopathyThe utilization review report dated 1/2/14 denied the request for Functional Restoration Program initial evaluation, Functional Restoration Program x 2 weeks treatment, Flexeril and Motrin based on the MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM INITIAL EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine and lower extremity. The current request is for a functional restoration program initial evaluation. The treating physician report dated 12/20/13 states, "The guidelines specifically stated that FRP is

suitable for patients with chronic disabling occupational musculoskeletal condition which the patient has had at this time. He is not able to do much of his work and still has lot of problem and so is in need for further treatment recommendation." The MTUS guidelines recommend functional restoration programs. Furthermore the ACOEM guidelines support referral to a specialist to aid in complex issues. The treating physician indicates that he feels the patient's condition would best be addressed through a functional restoration program evaluation to help determine the best course of care for this patient to help decrease pain and improve function. The request is not medically necessary and appropriate.

FUNCTIONAL RESTORATION PROGRAM X 2 WEEKS TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32, 49.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine and lower extremity. The current request is for Functional Restoration Program x 2 weeks treatments. The treater in this case has recommended that the patient undergo a Functional Restoration Program (FRP) evaluation and treatment at [REDACTED] as the patient has chronic pain condition affecting his physical condition as well as emotional status. MTUS provides criteria for functional restoration programs: "Outpatient pain rehabilitation programs may be considered medically necessary when all of the criteria are met. The treating physician in this case has not addressed the criteria and therefore the 2 weeks of treatment that were recommended are not supported by MTUS. The request is not medically necessary and appropriate.

FLEXERIL 10MG #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (FLEXERIL) Page(s): 41.

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

Decision rationale: The patient presents with chronic pain affecting the lumbar spine and lower extremity. The current request is for Flexeril 10mg #10. The treating physician has documented that the patient has been using Flexeril for spasm control on ongoing, as needed basis. The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. There is documentation provided that indicates that patient has been taking this medication since at least 7/12/13 which is beyond the guideline recommendations. The request is not medically necessary and appropriate.

MOTRIN 900MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 68-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine and lower extremity. The current request is for Motrin 900mg #30. The treating physician has documented that the patient has been stable on Motrin since at least 7/12/13. There are no reports that indicate the patient suffers with dyspepsia. The MTUS guidelines state that NSAIDS are recommended for the treatment of osteoarthritis. There is no information reported that the patient is suffering from any side effects from this medication. The request is medically necessary and appropriate.