

Case Number:	CM14-0019582		
Date Assigned:	04/23/2014	Date of Injury:	07/12/2012
Decision Date:	07/03/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/17/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 33 year old male who reported an injury on 07/12/2012 due to an unknown mechanism. The clinical note dated 01/31/2014 indicated diagnoses of cervical spine status-post strain, bilateral shoulder periscapular strain, right elbow tendinitis/lateral epicondylitis, left hip strain and bilateral knee patellofemoral athralgia. The injured worker reported continuous sharp low back pain rated at 8/10 that radiated down his left leg into the heel. The injured worker reported with the use of medications his pain was rated 4/10. On physical exam the lumbar spine and cervical spine revealed decreased range of motion. The injured worker completed 9 sessions of physical therapy for the lumbar and cervical spines. The injured worker's medication regimen included Voltran, Fexmid and Norco. The request for authorization was submitted on 01/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5MG, #60: 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 RELAXERS Page(s): 64.

Decision rationale: The injured worker was diagnosed with cervical spine status-post strain, bilateral shoulder periscapular strain, right elbow tendinitis/lateral epicondylitis, left hip strain and bilateral knee patellofemoral athralgia. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations. They show no benefit beyond Non-steroidal anti-inflammatory drug (NSAIDs) in pain and overall Improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The provider noted the injured worker had muscles spasms; however, the severity and location of the spasms was unclear. The documentation lacks evidence of this medication providing the desired effects for the injured worker, including increased functionality. In addition, this medication is recommended for short term use; the injured worker has been prescribed this medication since 01/31/2014, which exceeds the guideline recommendations. Therefore, per the California Chronic Pain Medical Treatment Guidelines, the request for Fexmid 7.5mg #60 is not medically necessary and appropriate.

PHYSICAL THERAPY 3X4 ON THE LOW BACK: 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 MEDICINE Page(s): 98.

Decision rationale: The injured worker the injured worker was diagnosed with cervical spine status-post strain, bilateral shoulder periscapular strain, right elbow tendinitis/lateral epicondylitis, left hip strain and bilateral knee patellofemoral athralgia. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The efficacy of the injured workers prior therapy was unclear within the provided documentation. The injured worker has completed 9 sessions of physical therapy. The request for an addition 12 visits exceeds the guidelines recommendation of 8-10 visits over 4 weeks. However, the injured worker would benefit from a home exercise program such as stretching, range of motion and flexibility exercises. Therefore, per the CA MTUS guidelines, the request for physical therapy three times four on the low back is not medically necessary and appropriate.