MAXIMUS Federal Services

Case Number:	CM14-0122186		
Date Assigned:	08/06/2014	Date of Injury:	09/17/2013
Decision Date:	09/11/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/01/2014

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 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 injured worker is a 65 year old male who was injured on 09/17/13 when he slipped and fell, experiencing pain in his left hip. He is diagnosed with left hip trochanteric bursitis and moderate left hip osteoarthritis. His treatment has been attempted with multiple medications to include Tramadol, Cyclobenzaprine, Tamulosin, Hydrocodone and Gabapentin. The records indicate only Gabapentin provided any relief. The treatment has also consisted of an unspecified amount of physical therapy. There are no therapy notes available for review. The clinical note dated 05/30/14 state that the injured worker is participating in physical therapy. His physical examination on this date reveals range of motion (ROM) of the left hip to be decreased at 30 abduction, 25 adduction, 100 flexion, 10 extension, 30 IR and 30 ER. Trendelenburg test is positive on the left and the trochanteric region of the left hip is swollen and tender. These results reflect no change from his previous physical examination dated 05/01/14 or the following physical examination dated 06/27/14. Most recent clinical note dated 07/25/14 states the review of symptoms has not changed since 02/28/14. An MRI is requested; records do not indicate an MRI of the left hip has been performed. The clinical note dated 03/31/14 states that urinalyses was performed on 02/04/14 and again on 03/10/14 and were inconsistent with prescribed medications. In both reports, Cyclobenzaprine were detected but not reported as prescribed. On 03/31/14 the treating physician prescribes Cyclobenzaprine, 7.5mg, once per 12 hours as needed for muscle spasm. The clinical note dated 05/01/14 states the injured worker had been taking Tramadol, Cyclobenzaprine and Tamulosin which were reportedly of no help. The physical examinations submitted for review did not denote the existence of muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: The records reflect that the injured worker was utilizing this medication without an actual prescription. The records do document the presence of myospasm for which this medication would be indicated. Further, the California Medical Treatment Utilization Schedule does not support the use of muscle relaxants for the treatment of chronic pain. As such, the request for Cyclobenzaprine 10 mg # 60 is not supported as medically necessary.

Physical Therapy 2 x week x 4 weeks left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Hip & Pelvis.

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

Decision rationale: The California MTUS supports the use of physical therapy but states, "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." Records indicate the injured worker was participating in physical therapy during the timeframe surrounding 05/30/14. The physical examinations from March through late June 2014 reveal no change in the injured worker's functional abilities or resolution of pain. Records do not indicate that he has improved with any intervention since the start of treatment. Therapy notes are not provided for review which denotes the amount of physical therapy the injured worker has received nor any functional restoration achieved. Based on the clinical information provided, the request for further physical therapy at a rate of twice per week for four weeks for the left hip is not medically necessary.