

<b>Case Number:</b>	CM14-0154773		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of February 7, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 26, 2014, the claims administrator denied a lumbar MRI, conditionally denied a request for 12 sessions of physical therapy to include various passive modalities, approved a follow-up visit, approved Naprosyn, partially approved Norco, denied Flexeril, and approved a neurology consultation. The claims administrator stated that it was basing its decision on an August 14, 2014 RFA form and July 10, 2014 progress note. The applicant's attorney subsequently appealed. In an April 15, 2014 progress note, the applicant presented with complaints of low back pain with derivative allegations to include anxiety, depression, and insomnia. The applicant acknowledged that he had been terminated by his former employer. Topical compounded medications, physical therapy, Flexeril, Naprosyn, Norco, and a lumbar brace were endorsed. In a May 13, 2014 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported 8/10 low back pain radiating to the bilateral lower extremities. Positive straight leg raising was noted. The applicant was asked to obtain a lumbar MRI and eight additional sessions of physical therapy, along with a hot and cold therapy unit. Topical compounded medications, Flexeril, Naprosyn, Norco, and Prilosec were apparently endorsed. In a later note dated June 11, 2014, also handwritten, difficult to follow, not entirely legible, the applicant was again placed off of work, on total temporary disability. A lumbar MRI was again sought. Multiple medications were renewed, including Flexeril, Naprosyn, Norco, and Prilosec. The note was very difficult to follow. On July 10, 2014, the applicant was again asked to obtain lumbar MRI imaging. 4/10 low

back pain was noted, axial, with no radiating complaints or radicular symptoms. Straight leg raising was negative on this occasion. Eight additional sessions of physical therapy were sought. Multiple medications were refilled. Acupuncture was also endorsed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine on the dates in question. The attending provider's handwritten commentary, furthermore, seemingly suggested that the applicant's radicular complaints had abated completely on and around the date of the request. There was no mention of the applicant's considering or contemplating any kind of surgical intervention involving the lumbar spine. Therefore, the request is not medically necessary.

**Hydrocodone/APAP 2.5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work, on total temporary disability. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing hydrocodone-acetaminophen usage in any of the handwritten progress notes, referenced above. Therefore, the request is not medically necessary.

**Cyclobenzaprine 5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine to other agents is not recommended. Here, the applicant is, in fact, using a variety of oral and topical medications, including Norco, an opioid agent. Adding Cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.