

<b>Case Number:</b>	CM14-0155119		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/28/2014
<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 & Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia & Ohio. 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:

According to the records made available for review, this is a 24-year-old male with a 6/19/14 date of injury. At the time (8/13/14) of request for authorization for Physical therapy 3x a week x 4 weeks, Flexeril 10mg #60, Norco 10/325mg #60, and Protonix 20mg #60, there is documentation of subjective (low back pain) and objective (tenderness to palpation with spasms about the T11-12 region and decreased lumbar range of motion) findings, current diagnoses (thoracic spine compression fracture at T11-12 and lumbar spine herniated disc), and treatment to date (lumbar brace). Medical report identifies a request to initiate physical therapy and medication therapy (including Anaprox, Flexeril, Norco, and Protonix). Regarding Physical therapy 3x a week x 4 weeks, the proposed number of sessions exceeds guidelines (for an initial trial). Regarding Flexeril 10mg #60, there is no documentation of acute exacerbation of pain and an intention for short-term (less than two weeks) treatment. Regarding Norco 10/325mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Protonix 20mg #60, there is no documentation of risk for gastrointestinal event and that Protonix is being used as second-line therapy after failure of first-line proton pump inhibitor therapy (omeprazole or lansoprazole).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x a week x 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Physical therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of compression fracture and lumbar disc disorders not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of thoracic spine compression fracture at T11-12 and lumbar spine herniated disc. In addition, there is documentation of a request to initiate physical therapy. However, the proposed number of sessions exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Physical therapy 3x a week x 4 weeks is not medically necessary.

**Flexeril 10mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of thoracic spine compression fracture at T11-12 and lumbar spine herniated disc. In addition, there is documentation of chronic low back pain. However, despite documentation of pain with spasms, there is no (clear) documentation of acute exacerbation of pain. In addition,

given documentation of a request for Flexeril 10mg #60, there is no documentation of an intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg #60 is not medically necessary.

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of thoracic spine compression fracture at T11-12 and lumbar spine herniated disc. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #60 is not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,GI Symptoms & cardiovascular risk Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk, Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Dexilant is being used as second-line therapy after failure of first-line proton pump inhibitor therapy (such as omeprazole or lansoprazole), as criteria necessary to support the medical necessity of proton pump inhibitors. Within the medical information available for review, there is documentation of diagnoses of thoracic spine compression fracture at T11-12 and lumbar spine herniated disc. However, despite documentation of a request to start therapy on Anaprox, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). In addition, there is no documentation that

Protonix is being used as second-line therapy after failure of first-line proton pump inhibitor therapy (omeprazole or lansoprazole). Therefore, based on guidelines and a review of the evidence, the request for Protonix 20mg #60 is not medically necessary.