

Case Number:	CM14-0169845		
Date Assigned:	10/20/2014	Date of Injury:	10/13/2009
Decision Date:	11/20/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/14/2014

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 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:

According to the records made available for review, this is a 40-year-old male with a 10/13/09 date of injury. At the time (9/30/14) of the request for authorization for U/A screen, Flexeril 7.5 mg 1 tab p o TID (no quantity given), and Physical Therapy twice a week times 4 weeks QTY: 8, there is documentation of subjective (pain in the lumbar spine, some acute spasms and increased weakness of the left leg) and objective (decreased sensation right leg, decreased strength right dorsiflexion, decreased right ankle dorsiflexion, decreased range of motion of the back in all planes) findings, current diagnoses (myofascial pain syndrome, lumbar spine strain, and lumbosacral radiculopathy right), and treatment to date (medication including NSAIDs and topical analgesics). Regarding U/A screen, there is no documentation of on-going opioid treatment. Regarding Flexeril 7.5 mg.1 tab p o TID (no quantity given), there is no documentation of the intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

U/A Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, lumbar spine strain, and lumbosacral radiculopathy right. However, there is no documentation of on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for U/A screen is not medically necessary.

Flexeril 7.5 mg1 tab p o TID (no quantity given): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. 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 identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, lumbar spine strain, and lumbosacral radiculopathy right. In addition, there is documentation of acute exacerbation of chronic pain. However, given absent documentation of a specified quantity, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5 mg 1 tab p o TID (no quantity given) is not medically necessary.

Physical Therapy twice a week times 4 weeks QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back-Lumbar and Thoracic (Acute and Chronic); Physical Therapy

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, physical therapy

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. ODG recommends a limited course of

physical therapy for patients with a diagnosis of radiculitis not to exceed 12 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 myofascial pain syndrome, lumbar spine strain, and lumbosacral radiculopathy right. However, the requested Physical Therapy twice a week times 4 weeks QTY: 8 exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy twice a week times 4 weeks QTY: 8 is not medically necessary.