

Case Number:	CM14-0181440		
Date Assigned:	11/06/2014	Date of Injury:	05/01/2014
Decision Date:	12/12/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal Medicine and is licensed to practice in Louisiana. 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 24-year-old female who reported an injury on 05/01/2014. The mechanism of injury occurred when the injured worker was lifting a heavy box. The diagnoses included acute lumbosacral strain and thoracic spine strain. The previous treatments included medication and physical therapy. Within the clinical note dated 09/24/2014, it was reported that the injured worker complained of pain in the mid/upper back, lower back, and bilateral shoulders/arms. The injured worker rated her mid and upper back pain at 8/10 to 9/10 in severity, lower back at 7/10 in severity, right shoulder/arm at 5/10 in severity, and left shoulder/arm at 5/10 in severity. Upon physical examination, the provider indicated the injured worker had tenderness to palpation of the thoracic spine with muscle spasms over the paraspinal muscles. The lumbar spine had tenderness to palpation and palpable spasms over the paraspinal muscles. The provider requested physical therapy, cyclobenzaprine, and mentherm gel for the lumbar spine and bilateral shoulders. However, the rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks to the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 98-99.

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

Decision rationale: The California MTUS Guidelines state 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. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy is recommended. There is a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The number of sessions the injured worker has completed was not submitted for clinical review. The clinical documentation submitted failed to include an adequate and complete physical examination demonstrating the injured worker had decrease functional ability or decreased strength or flexibility. Additionally, the number of sessions requested exceeds the guidelines' recommendations. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63,64.

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for the short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note that the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time, since at least 06/2014, which exceeds the guidelines' recommendation of short term use. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Menthoderm Gel 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The California MTUS Guidelines note topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines note that any compounded product that contains at least 1 drug (or drugs class) that is not recommended, is not recommended. There is a lack of documentation indicating the efficacy

of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time. Additionally, the request submitted failed to provide the frequency of the medication. The request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.