

<b>Case Number:</b>	CM14-0022286		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 41 year old male who was injured on 6/16/11. He later developed chronic neck pain with radiculitis causing burning pain in his arms and hands, continually and later developed lower back pain with radiculitis. He was diagnosed with cervical spondylosis with radiculitis and lower back pain. He was treated with surgery (cervical decompression and interbody fusion), physical therapy, exercises, oral opioids, muscle relaxants, TENS unit, epidural injections, ESI, Lyrica, sleep aids, and a cane. He was able to see improvements in his walking ability and right arm strength following the neck surgery, but continued to have difficulty with walking without a cane. Cervical and lumbar EMG and NCS findings were normal, performed on 10/9/13. He was seen by his neurosurgeon on 8/22/13, 10/25/13, and 1/30/14 complaining of his usual continual pain in arms and hands and difficulty walking due to low back pain as well as left knee pain, which is less severe. He was recommended at each of these visits to go back to physical therapy as he seemed to benefit from the treadmill and exercise bike use. He was also recommended to continue with his oral medications and stated that he was not a surgical candidate for his neck or spine at those times. &#8195;

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 1 TIMES PER WEEK FOR 8 WEEKS FOR THE CERVICAL SPINE:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines states that physical therapy is recommended for musculoskeletal pain. Passive therapy modalities can provide short term relief during the early phases of treatment for acute exacerbations of chronic pain to help control inflammation, swelling, and pain, but are to be done in conjunction with active therapy, using less passive therapy and more active therapy including a transition to home active therapy and exercises to require less supervision and guidance by the therapist. The MTUS recommends that for myalgia and myositis, 9-10 visits over 8 weeks should be sufficient. Further supervised therapy is only recommended in cases of those individuals who physically cannot carry out home exercises. In the case of this worker, he reported finding benefit with treadmill and exercise bike equipment during physical therapy which he was not using at home. He has already had physical therapy, and should have been instructed how to perform exercises for maintenance of therapeutic benefit. Walking or stationary bicycle use should be able to be managed in the home. No documentation was seen suggesting the worker required supervised therapy or special equipment, nor whether or not he was regularly performing home exercises. MTUS recommends that in this case, the worker is to continue home exercises regularly, and physical therapy 1 time per week for 8 weeks is not medically necessary.

**TRAMADOL ER #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Criteria For Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the Tramadol was reportedly not sufficiently managing his pain, as seen in the documentation provided, but no evidence was seen in the documents provided reporting quantitative functional or pain relief benefit related to the Tramadol use alone in order to make a better assessment for medical necessity, therefore, the Tramadol ER #60 is not medically necessary.

**FLEXERIL 10MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants For Pain.

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

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, the Flexeril was being used chronically to help relieve pain that the other medications were not able to treat sufficiently. However, chronic use is not recommended, and no evidence was seen in the notes suggesting that the worker was having an acute exacerbation to warrant short-term continuation, so the Flexeril 10mg #60 is not medically necessary.