

<b>Case Number:</b>	CM14-0040255		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/30/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 30, 2013. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representations; topical compounds; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 17, 2014, the claims administrator denied a request for six sessions of physical therapy, a topical compounded ibuprofen-containing lotion, a topical compounded Cyclobenzaprine-containing lotion, Protonix, and Robaxin. The injured worker's attorney subsequently appealed. In a June 2, 2014 progress note, the injured worker was described as having heightened complaints of low back pain with some pain relief exhibited with medications. The injured worker had developed some derivative complaints of depression. The injured worker was apparently working light duty with some difficulty, it was stated. Additional physical therapy, pain management consultation, a lumbar support, and work restrictions were endorsed. On April 21, 2014 the injured worker was described as having persistent complaints of low back pain along with depressive symptoms for which the injured worker is using Prozac. The injured worker had apparently developed hallucinations with Tylenol with Codeine, it was stated. The injured worker was using Levoxyl, Protonix, Ultracet, Robaxin, and Prozac. There was no mention of any issues with reflux, heartburn, and/or dyspepsia either in the body of the report or in review of the systems section. Physical therapy was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions for Physical Therapy: Overturned**

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

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

**Decision rationale:** The six-session course of physical therapy proposed is consistent with the 8 to 10 session course recommended by the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. No physical therapy progress notes were on file to establish how much physical therapy the injured worker had had during the chronic pain phase of the injury. On the April 21, 2014 progress note, the injured worker stated that she only had a few sessions of treatment to date. For all of the stated reasons, the six-session course of physical therapy proposed is indicated. Therefore, the request is medically necessary.

**Ibuprofen Lotion: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Oral pharmaceuticals are a first-line palliative method. In this case, the injured worker's ongoing usage of multiple first-line oral pharmaceuticals, including Ultracet, effectively obviates the need for what MTUS Chronic Pain Medical Treatment Guidelines deems a largely experimental topical compound. Therefore, the request is not medically necessary.

**Cyclobenzaprine Lotion: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine, muscle relaxants Page(s): 113.

**Decision rationale:** Cyclobenzaprine, a muscle relaxant, and is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended for use, per the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Protonix 40mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** While the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Protonix to combat nonsteroidal anti-inflammatory drug (NSAID)-induced dyspepsia, in this case, however, there is no mention of any active symptoms of reflux, heartburn, and/or dyspepsia on either of the progress notes referenced. Therefore, the request is not medically necessary.

**Robaxin 750mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,7.

**Decision rationale:** Non-sedating muscle relaxants such as Robaxin are recommended with caution as a second-line option for short-term treatment of acute exacerbation of chronic low back pain. In this case, the 30-tablet, as-needed supply proposed by the attending provider does represent as-needed use of Robaxin. The injured worker is apparently unable to take opioids, owing to a history of hallucinations with Tylenol with Codeine. As noted in the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent on an attending provider to factor into account injured worker-specific factors such as comorbidities, allergies, and other medications into his choice of recommendations. Robaxin is indicated, for all of the stated reasons. Therefore, the request is medically necessary.