MAXIMUS Federal Services

Case Number:	CM14-0041089		
Date Assigned:	06/30/2014	Date of Injury:	10/16/2012
Decision Date:	08/29/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/08/2014

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:

A 59-year-old female sustain a work injury on October 16, 2012 involving the low back and mid back. She was diagnosed with lumbar disc degeneration, lumbar facet syndrome, cervical disc degeneration, cervical facet syndrome, and cervicogenic headaches. Epidural injections in the past provided good relief. She had performed home exercise as well. Her pain management hydrocodone and Orphenadrine. She had been receiving group psychotherapy and cognitive behavioral therapy to manage pain, depression and anxiety. Since at least October 2013 , she had been on orphenadrine 100 mg. A progress note on 3/17/14 indicated the claimant continued pain, spasms and tenderness to palpation in the cervical and lumbar regions. The treating physician continued the Orphenadrine and psychiatric follow up for pain, stress and anxiety. Furthermore additional physical therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Antispasmodics.

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

Decision rationale: According to the MTUS guidelines, muscle relaxants such as Orphenadrine are recommend with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The claimant had been on Orphenadrine for a prolonged period with continued pain and back spasms. The continued use is not medically necessary.

Psych Therapy (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cognitive therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Specialist Referral and pg 100-101.

Decision rationale: According to the MTUS guidelines, psychological evaluation and treatment are recommended for appropriately identified patients during treatment for chronic pain. In this case, the claimant had already undergone cognitive behavioral therapy and group psychotherapy. The request for continuation of psychotherapy is nonspecific and length of intervention is not specified. The request above is not medically necessary.

Additional PT (unspecified): Upheld

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

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

Decision rationale: According to the MTUS guidelines, therapy is allowed for fading of treatment frequency. Specific diagnoses such as myalgia or radiculitis allow for up to 10 visits over 4 to 8 weeks. In this case the amount of therapy previously completed is unknown. The amount of additional therapy requested is also not known. Therefore the additional physical therapy request is not medically necessary.