

<b>Case Number:</b>	CM14-0043285		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 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 49 year old female who is reported to have a date of injury of 05/17/11. The mechanism of injury is not described. She currently complains of low back pain which is present on and off. Symptoms radiate down into the left leg. She has numbness and tingling sensation in the left leg. She reports difficulty with activities of daily living such as housework, mopping, sweeping, cleaning, driving, washing dishes, and doing laundry. MRI of the lumbar spine is noted to show minimal degenerative disc disease at L3-4 and L4-5. She has undergone EMG/NCV study on 12/05/11 which is reported as normal. She subsequently has been identified as having sacroiliac pathology for which she has received sacroiliac joint injections with benefit. She has undergone extensive physical therapy. Physical examination is positive for SI joint pathology. The remainder of the examination is grossly normal. She is further reported to have comorbid depression and anxiety secondary to her workplace injury. Per a clinical note dated 07/15/14, the injured worker is noted to have increased myospasm. She was recommended to continue under analgesic medications, NSAIDs and occasional courses of physical therapy and acupuncture treatments. The record contains a utilization review determination dated 04/02/14 in which requests for additional physical therapy, cognitive behavioral treatment evaluation, Norco 10/325 #60, anaprox DS 550 #60, Fexmid 7.5 mg #60 and Prilosec 20 mg #60 were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy x8: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Physical Therapy

**Decision rationale:** The request for additional physical therapy x 8 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic low back pain and sacroiliac joint pain for which she has received extensive physical therapy in the past. There are no concrete gains made with this treatment. The record alludes to benefit; however, this is not clearly quantified. As such, the medical necessity for additional physical therapy is not established.

**Cognitive behavioral treatment Evaluation:** Upheld

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

**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) Chapter 6 p. 114

**Decision rationale:** The request for cognitive behavioral treatment evaluation is not supported as medically necessary. The record reports that the injured worker has depression and anxiety secondary to her chronic medical conditions. The record does not indicate that the injured worker has been seen by a psychologist or psychiatrist who has done appropriate testing to determine if the injured worker has depression and anxiety and whether or not the injured worker would benefit from cognitive behavioral treatments. Further, there is no indication at the present time that the injured worker has been placed on antidepressants or anxiolytics.

**Retro Norco 10/325mg Qty 60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

**Decision rationale:** The request for Norco 10/325 mg #60 is recommended as medically necessary. The submitted clinical records indicate that the injured worker receives substantive benefit with this medication. Her pain levels are reportedly reduced from 6/10 to 4/10 and she is noted to have functional improvements which allow her to participate both in her treatment and activities of daily living.

**Retro-Anaprox Ds 550mg Qty 60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67-73.

**Decision rationale:** The request for Anaprox DS 550 mg #60 is recommended as medically necessary. The submitted clinical records indicate that the injured worker has previously received benefit from this medication profile. She is noted to have reductions in VAS scores from 6/10 to 4/10 and is documented as having significant functional improvements in both activities of daily living and activity levels.

**Fexmid 7.5 mg Qty 60: Overturned**

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

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

**Decision rationale:** The request for Fexmid 7.5 mg #60 is recommended as medically necessary. Per the submitted clinical records, the injured worker had objective evidence of substantive myospasm throughout the thoracolumbar spine for which this medication would be clinically indicated and therefore medically necessary.

**Prilosec 20mg Qty 60: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

**Decision rationale:** The request for Prilosec 20 mg #60 is recommended as medically necessary. The submitted clinical records document on numerous occasions that the injured worker has NSAID induced gastritis and as such, this medication would be clinically indicated and supported under evidence based guidelines.