

Case Number:	CM14-0059096		
Date Assigned:	07/09/2014	Date of Injury:	05/13/2013
Decision Date:	08/15/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/29/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; opioid therapy; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 24, 2014, the claims administrator partially certified Percocet, seemingly for weaning purposes, denied Flexeril outright, denied a lumbar MRI, and denied physical therapy. The applicant's attorney subsequently appealed. In a December 19, 2013 secondary treating provider's progress note, the applicant presented with persistent complaints of low back pain. The applicant was on Motrin and Tramadol, it was acknowledged. Percocet, Norflex, and Prilosec were endorsed. Urine drug testing was established. The attending provider stated that this would establish a baseline for narcotic medication management. Home exercises were endorsed. The applicant's work status was not provided. In a March 14, 2014 chiropractic progress note, the applicant was given work restrictions. It was not clearly stated whether or not the applicant was working on this occasion. On March 15, 2014, the applicant again presented with constant, 7/10 low back pain radiating into the bilateral legs. Diminished range of motion was appreciated about the lumbar spine. Percocet, Flexeril, urine drug testing, and physical therapy were sought. The applicant's work status was not provided. Lumbar MRI was also endorsed. Progress note was sparse, handwritten, and difficult to follow. The attending provider did seemingly test for 10 to 15 different opioid metabolites, seven different Benzodiazepine metabolites, six different Barbiturate metabolites and seven different antidepressant metabolites. Testing apparently came back positive only for opioid metabolites on this occasion. Quantitative testing was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. In this case, however, the applicant's work status has not been clearly stated by the attending provider. The applicant's response to earlier opioid therapy has not been clearly stated. The applicant continues to report 7/10 pain, despite ongoing Percocet usage, implying that it has not, in fact, been successful. Therefore, the request of Percocet 10/325mg #60 is not medically necessary and appropriate.

Flexeril #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine (Flexeril) to other agents is not recommended. In this case, the applicant is, in fact, concurrently using Percocet, an opioid. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request of Flexeril #60 is not medically necessary and appropriate.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered and/or red flag diagnoses are being evaluated. In this case, however, there is no evidence that the applicant is actively considering or contemplating lumbar spine surgery. There is no evidence

that a red flag diagnoses such as cauda equina syndrome, fracture, tumor, or infection is being evaluated. As noted previously, the documentation on file was sparse, handwritten, difficult to follow, and did not make a compelling case for the MRI study in question. Therefore, the request of MRI lumbar spine is not medically necessary and appropriate.

Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, the value of physical therapy increases with a clear description of the diagnosis and/or lesion causing an applicant's symptoms. ACOEM further notes that it is incumbent upon the attending provider to furnish a prescription which clearly states treatment goals. In this case, however, the prescription for physical therapy is imprecise. It was not clearly stated how much physical therapy was sought. No clear treatment goals were provided. The applicant's work status was not clearly delineated. For all of the stated reasons, then, the request of Physical Therapy is not medically necessary and appropriate.