

Case Number:	CM14-0060653		
Date Assigned:	07/09/2014	Date of Injury:	08/17/2009
Decision Date:	08/21/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 49-year-old male with a date of injury 08/17/2009. The only treating physician's progress report provided for this review is dated 03/26/2014. Utilization review letter date is from 04/16/2014. Per this progress report, the patient presents with chronic low back pain at an intensity of 7/10, radiation down the right thigh and ankle at 4/10. He has run out of medications and the medications have helped him in the past as well as physical therapy. X-rays of lumbar spine taken that day showed no fracture, subluxation, or severe degeneration. Listed diagnoses are: Multilevel disk desiccation and bulging with right lower extremity radiculopathy, insomnia. Other discussion states that the patient started working with a new employer since last visit, currently not taking any medications, has not suffered any new injury. The patient does have a decreased sensation about the L5 dermatome on the right as it has spasm and guarding, continues to work with modified duty. Given the patient's acute exacerbation of pain as part of future medical care, recommendation was for short course of therapy. Medications were also prescribed; Flexeril #90 to be taken twice a day for spasms, diclofenac 75 mg #90, Ultram 50 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available); Muscle relaxants (for pain) Page(s): 64; 63.

Decision rationale: This patient presents with exacerbation of chronic low back pain. The treating physician has prescribed Flexeril 10 mg to be taken twice a day at #90. MTUS Guidelines only support short-term use of this medication, in most cases, 2 to 3 days and no more than 2 to 3 weeks. In this case, the treater has prescribed #90 at twice a day and what appears to be for 6-week course of this treatment. This duration is much longer than what is allowed by MTUS Guidelines and recommendation is for denial.

Diclofenac 75mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diclofenac, Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 61; 22; 67,68.

Decision rationale: This patient presents with acute exacerbation/flareup of his chronic low back pain. The treater has prescribed diclofenac 75 mg. MTUS Guidelines who support use of NSAIDs as a first-line treatment to address acute and chronic low back pain particularly for short-term duration. Given the patient's increased pain and recent flareup, recommendation is for authorization.

Ultram 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL; Opioids for neuropathic pain Page(s): 80; 82.

Decision rationale: This patient presents with acute flareup of low back pain. The treating physician has prescribed Ultram. However, MTUS Guidelines do not recommend starting patients on multi regimen but to try Tylenol and oral NSAIDs before moving on to opioids. In this case, there does not appear to be any reason to concurrently have the patient start on Ultram as well as diclofenac when diclofenac should be prescribed first, check for patient's response then consider other medications. Recommendation is for denial.

Physical Therapy on the Lumbar and/or Sacral Spine 2 x 5, QTY: 10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Physical Medicine.

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

Decision rationale: This patient presents with acute flareup of his chronic low back condition. The treating physician has asked for 10 sessions of physical therapy. Review of the reports did not show that the patient has had recent physical therapy, although the patient may have had physical therapy in the past. MTUS Guidelines simply states that for physical therapy treatments, 9 to 10 sessions are recommended for myalgia, myositis. In this case, given that the patient has not recently had physical therapy, and that the pain is flared up, a short course of physical therapy would appear reasonable. The requested 10 sessions are not excessive and recommendation is for authorization.