

Case Number:	CM14-0070981		
Date Assigned:	07/14/2014	Date of Injury:	01/29/2008
Decision Date:	10/02/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 52-year-old female who has submitted a claim for carpal tunnel syndrome, wrist pain, cervical intervertebral disc degeneration, lumbar intervertebral disc degeneration, and fibromyositis associated with an industrial injury date of 1/29/2008. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to bilateral lower extremities, rated 7/10 in severity. Pain was described as tingling and numbness sensation of the lower extremities, left worse than the right. Patient likewise complained of sleep difficulties, and symptoms of depression and anxiety. This resulted to difficulties in performing cooking, driving, housekeeping, shopping, and yard work. Physical examination showed diminished sensation along the left S1 dermatome. Gait was antalgic with a forward flexed body posture. Reflexes were intact. Examination of the right wrist showed tenderness and positive Tinel's sign. Left knee was likewise tender, but with negative drawer sign and effusion. MRI of the lumbar spine, dated 10/24/2013, demonstrated mild degenerative disc disease at the lower thoracic level and L5 to S1 with facet hypertrophic changes. Neural foramina were patent. Treatment to date has included cervical epidural steroid injection, and medications such as Norco (since February 2014) and cyclobenzaprine (since March 2014). Patient reported that cyclobenzaprine resulted to symptom relief. Utilization review from 4/25/2014 was not made available in the records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #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 Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on cyclobenzaprine since March 2014. Patient reported symptom relief with medication use. However, long-term use of muscle relaxant was not recommended. Moreover, the most recent physical examination failed to show evidence of muscle spasm. Therefore, the request for Cyclobenzaprine 5mg #30 is not medically necessary.

Norco 5/325mg #60: 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 Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since February 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 5/325mg #60 is not medically necessary.

Physical Therapy Evaluation: 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 Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. As stated

on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, patient complained of low back pain radiating to bilateral lower extremities, rated 7/10 in severity. Pain was described as tingling and numbness sensation of the lower extremities, left worse than the right. This resulted to difficulties in performing cooking, driving, housekeeping, shopping, and yard work. Physical examination showed diminished sensation along the left S1 dermatome. Gait was antalgic with a forward flexed body posture. Reflexes were intact. Examination of the right wrist showed tenderness and positive Tinel's sign. Left knee was likewise tender, but with negative drawer sign and effusion. There was no evidence of previous physical therapy based on the medical records submitted. Symptoms persisted despite intake of medications. PT is a reasonable treatment option; hence, an evaluation may be certified at this time. Therefore, the request for physical therapy evaluation is medically necessary.

Physical Therapy x6: 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 Physical Medicine Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, patient complained of low back pain radiating to bilateral lower extremities, rated 7/10 in severity. Pain was described as tingling and numbness sensation of the lower extremities, left worse than the right. This resulted to difficulties in performing cooking, driving, housekeeping, shopping, and yard work. Physical examination showed diminished sensation along the left S1 dermatome. Gait was antalgic with a forward flexed body posture. Reflexes were intact. Examination of the right wrist showed tenderness and positive Tinel's sign. Left knee was likewise tender, but with negative drawer sign and effusion. There was no evidence of previous physical therapy based on the medical records submitted. Symptoms persisted despite intake of medications. PT is a reasonable treatment option at this time. However, the request failed to specify body part to be treated. Therefore, the request for physical therapy x 6 is not medically necessary.

Pain Psychology visits x6: Upheld

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

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 7, Independent Medical Examinations and Consultations, page(s) <127>; Official Disability Guidelines (ODG) Pain Section, Office Visits

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient had persistent low back pain symptoms despite intake of medications. The patient likewise complained of sleep difficulty, and symptoms of depression and anxiety; hence, this request for pain psychology evaluation. Referral may be necessary; however, there is no discussion as to why 6 office visits should be certified at this time. Frequency of office visits should depend on patient's response to recommended therapy. Therefore, the request for pain psychology visits x 6 is not medically necessary.