

<b>Case Number:</b>	CM14-0091994		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/23/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Medicine and is licensed to practice in Florida. 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 46 year-old female who reported an injury on 12/23/2011. The mechanism of injury was not stated. Current diagnoses include lumbar strain, lumbar degenerative disc disease, and myofascial pain. The injured worker was evaluated on 06/11/2014 with complaints of a burning sensation in the lumbar spine as well as the bilateral lower extremities. Physical examination revealed limited lumbar range of motion, tenderness to palpation, antalgic gait, positive straight leg raising, decreased sensation, and diminished strength. Treatment recommendations included continuation of the current medication regimen of Norco 10/325mg and Zantac 150mg, as well as authorization for a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

**Decision rationale:** The MTUS guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes. An adequate and thorough evaluation should be made. There should be documentation of a failure to respond to previous methods of treating chronic pain. As per the documentation submitted, there is no evidence of an adequate and thorough evaluation. There is no mention of an exhaustion of conservative treatment. The total treatment duration was not specified in the request. As such, the request is not medically necessary.

**Flexeril 7.5mg quantity #30:** Upheld

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

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

**Decision rationale:** The MTUS guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. There is no documentation of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the current request. As such, the request is not medically necessary.

**Medi-patch quantity #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The MTUS guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no indication of this injured worker's current utilization of this medication. There is no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. There was also no strength or frequency listed in the current request. As such, the request is not medically necessary.