

<b>Case Number:</b>	CM14-0098289		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	12/26/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 43-year-old male with a reported date of injury on 12/26/2013. The mechanism of injury was not submitted within the medical records. His diagnoses are noted to include closed head injury with residual imbalance and headaches, chronic myofascial pain syndrome of the cervical spine, cervical radiculopathy and right wrist sprain. His previous treatments were noted to include aquatic therapy, home exercise program and medications. The progress note dated 06/13/2014, revealed the injured worker complained of constant neck and upper back pain that varied from 6/10 to 7/10 without medications, but noted he was getting appreciable pain relief with his medication regimen. The injured worker reported that his condition was moderately impacting his general activity and enjoyment of life to include his ability to concentrate and interact with other people. The injured worker reported feeling depressed and rated his depression 7/10. However, he had been able to sleep without problems. The physical examination of the cervical spine revealed restricted range of motion and multiple myofascial trigger points with taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene and infraspinatus muscles. The neck compression test was positive and the range of motion of the bilateral wrists was grossly intact with the injured worker complaining of pain at the limits of motion upon all maneuvers of the right wrist. There is a positive Romberg's and the injured worker could not perform the tandem gait with his eyes closed. The Request for Authorization form was not submitted within the medical records. The request was for Flexeril 10 mg #60 with 1 refill and aquatic therapy times 12 sessions. However, the provider's rationale was not submitted within the medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril, 10 mg, # 60 with 1 refill:** Upheld

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

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of medications in this class may lead to dependence. There is lack of documentation regarding efficacy of this medication and the injured worker has been shown to have muscle spasms. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Aquatic therapy, 12 sessions:** 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 Aquatic therapy Page(s): 22.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The documentation provided indicated aquatic therapy had been approved. However, there is lack of documentation regarding objective functional improvements from previous aquatic therapy and how many sessions were completed. Additionally, the request for 12 sessions of aquatic therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.