

<b>Case Number:</b>	CM14-0195714		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	07/06/2010
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Connecticut. 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 58-year-old female who reported injuries due to a twist and fall while attempting to transfer a patient on 07/06/2010. On 08/19/2014, her diagnoses included lumbar discogenic disease, lumbar radiculopathy, intractable pain, status post cervical fusion, cauda equina syndrome, status post lumbar fusion, and status post I & D. Her chief complaint was low back pain which had improved since emergency surgery. Her medications included Norco 10/325 mg, Restoril 30 mg, and Flexeril 7.5 mg. On 09/16/2014, it was noted that her low back pain was "better" and she stated she was "doing well." Her treatment plan noted she needed to start aquatic physical therapy. She was 5 feet 6 inches tall and weighed 205 pounds. There was no rationale for the requested Norco or aquatic therapy. The Flexeril was prescribed for muscle spasms. A Request for Authorization dated 09/09/2014 was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-95.

**Decision rationale:** The request for 1 prescription of Norco 10/325 mg #180 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioids, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy, or drug screens. Additionally, there was no frequency specified in the request. Therefore, this request for 1 prescription of Norco 10/325 mg #180 is not medically necessary.

**1 prescription of Flexeril 7.5mg #90:** 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): 63-66.

**Decision rationale:** The request for 1 prescription of Flexeril 7.5 mg #90 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time. Flexeril is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. The submitted documentation revealed that this injured worker had been using Flexeril for greater than 4 months, which exceeds the recommendations in the guidelines. Additionally, there was no frequency specified in the request. Therefore, this request for 1 prescription of Flexeril 7.5 mg #90 is not medically necessary.

**18 pool physical therapy visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical Medicine Page(s): 22; 98-99.

**Decision rationale:** The request for 18 pool physical therapy visits is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, 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. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The recommendations allow 9 to 10 visits over 8 weeks for myalgia and myositis (unspecified). This injured worker does not fall into the category of extreme obesity. Additionally, the requested number of visits exceeds the recommendations in the guidelines. Therefore, this request for 18 pool physical therapy visits is not medically necessary.