

<b>Case Number:</b>	CM14-0207312		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/15/2007
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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, 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:

The patient is a 60 year old male with an injury date on 08/15/2007. Based on the 09/23/2014 progress report provided by the treating physician, the diagnoses are: 1. Spinal Stenosis-Lumbar 2. Recurrent Stenosis L4/5 and L5/S1 3. Status Post ALIF at L5/S1 and revision Laminectomy at L4/5 (05/06/2014). According to this report, the patient complains of continued back pain and continues to experience numbness and tingling going down both legs, worse on the left. The patient continues to utilize a lumbar brace. Physical exam reveals a 10 cm healed lumbar incision. Muscles spasm is noted at the lumbar spinous processes. Range of motion is limited due to pain. Diminished sensation to light touch and pinprick is noted over the bilateral lateral calf. Reflexes of the bilateral Achilles tendon is +0. Straight leg raise above 50 degrees is positive bilaterally. The treatment plan is to continue with post op physical therapy, pain medication management with Dr. ■., and Lumbar Spine X-rays with AP/Lateral/Flexion/Extension views. The patient's work status is "temporary totally disabled until his next re-evaluation as part of his post-operative care." The utilization review denied the request for Cyclobenzaprine Hydrochloride 7.5mg #60, Methoderm Gel 120gm, 12 sessions of Physical Therapy, and Follow-up evaluation with a pain management on 11/13/2014 based on the MTUS/ACOEM guidelines. The requesting physician provided treatment reports from 04/28/2014 to 11/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Cyclobenzaprine Hydrochloride 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants(for pain) Page(s): 64 and 63.

**Decision rationale:** According to the 09/23/2014 report, this patient presents is 4 month status post ALIF at L5/S1 and revision Laminectomy at L4/5 and complains of continues back pain. The current request is for Associated Surgical Services-Cyclobenzaprine Hydrochloride 7.5mg #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Cyclobenzaprine Hydrochloride #60 and this medication was first noted in the 03/12/2014 report. Cyclobenzaprine Hydrochloride is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.

**Prospective Mentherm Gel 120gm: Upheld**

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

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

**Decision rationale:** According to the 09/23/2014 report, this patient is 4 month status post ALIF at L5/S1 and revision Laminectomy at L4/5 and complains of continues back pain. The current request is for Associated Surgical Services-Mentherm Gel 120gm. Mentherm gel contains Methyl salicylate and Menthol. The MTUS Guidelines state that topical NSAIDs are indicated for peripheral joint arthritis and tendinitis. In this case, the treating physician has not clearly documented that the patient has peripheral joint arthritis and tendinitis as the patient complains of post-surgical spinal pain. The MTUS does not support topical NSAIDs for spinal conditions. Therefore, the current request is not medically necessary.

**Associated Surgical Services-Twelve sessions of Physical Therapy to the lumbar (2x6weeks): Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines low back Page(s): 25 and 26.

**Decision rationale:** According to the 09/23/2014 report, this patient is status post ALIF at L5/S1 and revision Laminectomy at L4/5 on 05/06/2014 and complains of continues back pain. The current request is for Associated Surgical Services-Twelve sessions of Physical Therapy to the lumbar (2x6weeks). Regarding postsurgical treatment lumbar fusion, MTUS guidelines recommend 34 visits over 16 weeks with time frame for treatment of 6 months. In reviewing of the 04/28/2014 to 11/17/2014 reports, the treating physician requested 12 sessions of post-op physical therapy on 06/02/2014; which was denied. However, Utilization Review alludes that "post-op physical therapy 2x/6 (lumbar)" was approved in 04/01/2014 for the ALIF at L5/S1 and revision Laminectomy at L4/5. The treating physician provided no therapy reports and there is no discussion regarding the patient's progress. The treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. In this case, a set of 12 sessions of post-op physical therapy was pre-approved by UR prior to surgeries and the treating physician is requesting an additional 12 sessions of post-op therapy. The requested therapy appears appreciate and is in accordance with the MTUS guidelines. MTUS recommend 34 visits for this type of surgery. The current request is medically necessary.

**Associated Surgical Services-Follow-up evaluation with a pain management specialist (lumbar):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC

**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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** According to the 09/23/2014 report, this patient is status post ALIF at L5/S1 and revision Laminectomy at L4/5 on 05/06/2014 and complains of continues back pain. The current request is for Associated Surgical Services-Follow-up evaluation with a pain management specialist (lumbar). The ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient presents with low back and has had surgery recently. The requested follow-up evaluation with a pain management specialist (lumbar) appears reasonable and medically indicated. The request is medically necessary.