

Case Number:	CM14-0215211		
Date Assigned:	01/05/2015	Date of Injury:	02/20/2013
Decision Date:	05/01/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is an employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 20, 2013. In a Utilization Review Report dated December 8, 2014, the claims administrator denied requests for aquatic therapy, physical therapy, tramadol, and Flexeril. The articles in question were apparently sought on October 24, 2014, the claims administrator suggested. The claims administrator also referenced an October 30, 2014 progress note in its determination. A variety of MTUS and non-MTUS guidelines were invoked. The applicant's attorney subsequently appealed. On October 24, 2014, the applicant reported persistent complaints of low back pain, left lower extremity pain, neck pain, and shoulder pain, 5/10. Tramadol, additional aquatic therapy, additional physical therapy, a TENS unit, a lumbar support, a cane, Naprosyn, and Protonix were endorsed while the applicant was kept off of work, on total temporary disability. A urine drug screen was also apparently performed. The applicant's gait was not clearly described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 times a week for 4 weeks for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, it was not clearly outlined how, why, and/or if reduced weight bearing is desirable. The applicant's gait was not clearly described or characterized on the October 24, 2014 progress note on which additional aquatic therapy was sought. The applicant's response to earlier aquatic therapy, by all accounts, was poor. The applicant remained off of work, on total temporary disability; it was noted on that date, suggesting a lack of functional improvement as defined in MTUS despite earlier treatment. Therefore, the request was not medically necessary.

Physical Therapy for the Chest Wall 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section, Physical medicine Page(s): 8, 99.

Decision rationale: The 12-session course of treatment proposed, in and of itself represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. As further noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was/is off of work, on total temporary disability, despite receiving earlier physical therapy in unspecified amounts over the course of the claim. The applicant remained dependent on opioid agents such as tramadol and non-opioid agents such as Naprosyn. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS, despite completion of earlier physical therapy treatment in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

RETRO: Tramadol ER 150mg #60 2 tablets everyday (Dispensed 10-24-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability, it was acknowledged on the October 24, 2014 progress note on which tramadol was dispensed. 5/10 pain complaints were noted on that date. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

RETRO: Cyclobenzaprine 7.5mg #90 1 tablet 3 times per day as needed for spasm (dispensed 10-24-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was using several other agents, including tramadol and Naprosyn. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 90-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.