

Case Number:	CM15-0000161		
Date Assigned:	01/09/2015	Date of Injury:	09/24/2010
Decision Date:	03/16/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/31/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female, who sustained a cumulative industrial injury on September 24, 2010. She has reported pain in the neck which ran to the shoulders and up the back, and trouble with the left arm. The diagnoses have included cervical spine multilevel disc bulges, status post left carpal tunnel release, left medial epicondyle, bilateral wrists signs and symptoms, anxiety, and bilateral shoulder signs and symptoms. Treatment to date has included elbow surgery in 2013, physical therapy, chiropractic therapy, acupuncture, trigger point injections on November 14, 2014, and medicine. Currently, the injured worker complains of cervical spine pain. The Primary Treating Physician's visit dated November 12, 2014, noted mild improvement with chiropractic sessions, with cervical and left shoulder tenderness, cervical compression test positive, and pain with shoulder range of motion. On December 3, 2014, Utilization Review non-certified initial physical therapy evaluation and treatment to include traction, paraffin, infrared, iontophoresis, therapeutic activities, manual therapy techniques, physical performance test or measurement, electrical stimulation, ultrasound, two times a week for three weeks for the cervical spine, Flexeril 10mg #30 with one refill, and Ultram 50 mg # 60 with one refill. The UR Physician noted the injured worker had previous physical therapy without documentation of when, how many visits, or the functional outcome of the previous therapy. The MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG), Neck & Upper Back, updated November 18, 2014, were cited for the physical therapy request. Utilization Review denied the requests for Flexeril, and Ultram based on the evidence based, peer-reviewed MTUS Chronic Pain Medical Treatment Guidelines. On

December 31, 2014, the injured worker submitted an application for IMR for review initial physical therapy evaluation and treatment to include traction, paraffin, infrared, iontophoresis, therapeutic activities, manual therapy techniques, physical performance test or measurement, electrical stimulation, ultrasound, two times a week for three weeks for the cervical spine, Flexeril 10mg #30 with one refill, and Ultram 50 mg # 60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial PT evaluation & treatment to include traction, paraffin, infrared, iontophoresis, therapeutic activities, manual therapy techniques, physical performance test or measurement, electrical stimulation, ultrasound, 2 x 3 for the cervical spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14) Physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain in the neck which radiates to the shoulders and up the back, and trouble with the left arm. The request is for INITIAL PT EVALUATION AND TREATMENT TO INCLUDE TRACTION, PARAFFIN, INFRARED, IONTOPHORESIS, THERAPEUTIC ACTIVITIES, MANUAL THERAPY TECHNIQUES, PHYSICAL PERFORMANCE TEST OR MEASUREMENT, ELECTRICAL STIMULATION, ULTRASOUND TWO TIMES A WEEK FOR THREE WEEKS. The RFA provided is dated 11/17/14. Patient's diagnosis included cervical spine multilevel disc bulges, status post left carpal tunnel release, left medial epicondyle, bilateral wrists signs and symptoms, anxiety, and bilateral shoulder signs and symptoms. Treatments included elbow surgery in 2013, physical therapy, chiropractic therapy, acupuncture, trigger point injections on November 14, 2014, and medications. The patient is to return to modified duty. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." Treater is requesting 6 additional sessions of physical therapy. The patient reportedly has received unknown number of physical therapy sessions to the neck. There are no discussions or documentations regarding the number of completed sessions and functional outcomes. Furthermore, treater does not explain why on-going therapy is needed and why the patient is unable to transition into a home exercise program. Based on the limited provided information the request cannot be considered to be in accordance with the MTUS guidelines. Therefore, the request IS NOT medically necessary.

Flexeril 10mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 63-64.

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

Decision rationale: MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater requests Flexeril for spasms. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for quantity #30 with 1 refill does not indicate intended short-term use. The request would exceed MTUS recommendation, therefore, the request IS NOT medically necessary.

Ultram 50mg, #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: The patient presents with pain in the neck which radiates to the shoulders and up the back, and trouble with the left arm. The request is for ULTRAM 50 MG, #60 WITH 1 REFILL. The RFA provided is dated 11/17/14. Patient's diagnosis included cervical spine multilevel disc bulges, status post left carpal tunnel release, left medial epicondyle, bilateral wrists signs and symptoms, anxiety, and bilateral shoulder signs and symptoms. Treatments included elbow surgery in 2013, physical therapy, chiropractic therapy, acupuncture, trigger point injections on 11/14/14 and medications. The patient is to return to modified duty. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The prescription for Ultram was first mentioned in the progress report dated 11/12/14. It appears this patient is starting use of opioids with the prescription of Ultram. Prior reports do not show that opioids are prescribed. In regards to the request for Ultram MTUS require functional assessment. Given the patient's chronic neck pain, a trial of this synthetic opioid may be reasonable. For continued use, documentation regarding functional gains and the four A's must be provided per MTUS. The request IS medically necessary.

