MAXIMUS Federal Services

Case Number:	CM15-0000650		
Date Assigned:	01/12/2015	Date of Injury:	02/15/2008
Decision Date:	03/11/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/02/2015

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 37-year-old male worker who sustained an industrial injury on February 15, 2008. He reported an injury that occurred as he was grabbing a 50-pound filter and the resulting diagnoses were predominant disturbance of emotions, adjustment reaction with prolonged depressive reaction, chronic pain, degeneration of the lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis.Currently, the IW complains of constant, severe, sharp, stabbing, pressure sensation of the lumbar spine. Further symptoms included difficulty sleeping, stiffness, and weakness with pushing, pulling, lifting, and carry activities. The worker also reported very limited ability to perform activities of daily living. The worker also has severe depression and anxiety due to his physical limitations for the low back pain. Weakness was described as worse on the left than the right. Current treatment included pain medications for pain control. Physical exam was remarkable for ambulation with a cane, decreased range of motion with moderate reactive spasms, decreased sensation in the lateral aspect of the left leg and normal muscle strength.On December 24, 2014, the Utilization Review decision non-certified a request for consultation with functional restoration program specialists, Flexeril 10mg 60 count with two refills and Naprosyn 500mg 60 count with two refills. The rationale for non-coverage reflected that the functional restoration consultation was not indicated by the guidelines because the worker complained of persistent back pain with radicular symptoms with tenderness, antalgic gait and decreased range of motion.The documentation did not indicate that underlying conditions have been evaluated and treated and therefore the request was non-certified. The request for both the Flexeril and the Naprosyn was non-certified because

this medication is indicated for short-term use and no exceptional circumstances were documented and therefore the request was not reasonable and necessary. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On December 28, 2014, the injured worker submitted an application for IMR for review of consultation with functional restoration program specialists, Flexeril 10mg 60 count with 2 refills, and Naprosyn 500mg 60 count with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with functional restoration program specialist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 30-31, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: The 37-year old patient presents with persistent back pain rated at 5/10, left shoulder pain rated at 7/10, sciatic pain rated at 6/10, stabbing left leg pain rated at 3/10, and stabbing and burning left toe pain rated at 8/10, as per progress report dated 12/04/14. The request is for CONSULTATION WITH FUNCTIONAL RESTORATION PROGRAM SPECIALIST. The Request for Authorization form for this request is dated as 11/06/14. The date of injury is 02/15/08. The patient is status post L5-S1 disc replacement surgery on 04/28/14, as per the 12/04/14 progress report, and has also been diagnosed with right shoulder strain with bursitis, left shoulder impingement syndrome with AC joint pain with possible labral tear, left rib cage contusion with laceration, adjustment disorder, insomnia, and dental pain. Medications include Naproxen, Gabapentin, Prilosec, Glucosamine, Flexeril, and Voltaren gel, as per the same report. A 2012 MRI of the lumbar spine revealed disc bulge at L5-S1 with moderate to severe left neural foraminal narrowing. A 2011 EMG/NCV study revealed L5 radiculopathy, as per progress report dated 12/01/14. The patient is not working, as per progress report dated 12/04/14.The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The guidelines further state that total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or co morbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or co morbidities)."In this case, the patient is status post L5-S1 disc replacement surgery on 04/28/14. He is still using pain medications which are helping to some extent. Additionally, given the patient's date of injury, it is reasonable to assume that he has received significant conservative care as well. However, the he continues

to have pain. In progress report dated 11/06/14, the treater is requesting for a consultation with a functional restoration program specialist to see if the patient is appropriate for the program. MTUS requires thorough evaluation of the patient's physical and psychological condition before starting a functional restoration program. Hence, the treater's request for consultation appears reasonable, and IS medically necessary.

Naprosyn 500mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The 37-year old patient presents with persistent back pain rated at 5/10, left shoulder pain rated at 7/10, sciatic pain rated at 6/10, stabbing left leg pain rated at 3/10, and stabbing and burning left toe pain rated at 8/10, as per progress report dated 12/04/14. The request is for NAPROSYN 500 mg # 60 WITH TWO REFILLS. The Request for Authorization form for this request is dated as 11/06/14. The date of injury is 02/15/08.The patient is status post L5-S1 disc replacement surgery on 04/28/14, as per the 12/04/14 progress report, and has also been diagnosed with right shoulder strain with bursitis, left shoulder impingement syndrome with AC joint pain with possible labral tear, left rib cage contusion with laceration, adjustment disorder, insomnia, and dental pain. Medications include Naproxen, Gabapentin, Prilosec, Glucosamine, Flexeril, and Voltaren gel, as per the same report. A 2012 MRI of the lumbar spine revealed disc bulge at L5-S1 with moderate to severe left neural foraminal narrowing. A 2011 EMG/NCV study revealed L5 radiculopathy, as per progress report dated 12/01/14. The patient is not working, as per progress report dated 12/04/14.Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Naproxen is first noted in progress report dated 05/29/14, and the patient has been taking the medication consistently at least since then. It is being prescribed by the patient's orthopedic surgeon. In progress report dated 12/01/14, the patient's pain specialist states that medications help lower pain from 8/10 to 5/10. They also help with ADLs such as self-care. Although this information is not specific to Naproxen, it is contributing to the patient's overall improvement in pain and function. Additionally, the patient does suffer from chronic pain for which NSAIDs are indicated. Hence, he can continue taking Naproxen at the treater's discretion. The request IS medically necessary.

Flexeril 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41, 64.

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

Decision rationale: The 37-year old patient presents with persistent back pain rated at 5/10, left shoulder pain rated at 7/10, sciatic pain rated at 6/10, stabbing left leg pain rated at 3/10, and stabbing and burning left toe pain rated at 8/10, as per progress report dated 12/04/14. The request is for FLEXERIL 10 mg # 60 WITH TWO REFILLS. The Request for Authorization form for this request is dated as 11/06/14. The date of injury is 02/15/08.The patient is status post L5-S1 disc replacement surgery on 04/28/14, as per the 12/04/14 progress report, and has also been diagnosed with right shoulder strain with bursitis, left shoulder impingement syndrome with AC joint pain with possible labral tear, left rib cage contusion with laceration, adjustment disorder, insomnia, and dental pain. Medications include Naproxen, Gabapentin, Prilosec, Glucosamine, Flexeril, and Voltaren gel, as per the same report. A 2012 MRI of the lumbar spine revealed disc bulge at L5-S1 with moderate to severe left neural foraminal narrowing. A 2011 EMG/NCV study revealed L5 radiculopathy, as per progress report dated 12/01/14. The patient is not working, as per progress report dated 12/04/14.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."In this case, the first prescription for Flexeril is noted in progress report dated 05/07/14, and the patient has been taking the medication consistently at least since then. It is being prescribed by the patient's orthopedic surgeon. In progress report dated 12/01/14, the patient's pain specialist states that medications help lower pain from 8/10 to 5/10. They also help with ADLs such as self-care. However, this information is not specific to Flexeril. Additionally, MTUS only recommends short-term use of muscle relaxants such as Flexeril. Hence, this request for Flexeril # 60 with 2 refills IS NOT medically necessary.