

Case Number:	CM15-0101803		
Date Assigned:	06/04/2015	Date of Injury:	10/19/2014
Decision Date:	07/10/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/27/2015

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: 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 a represented 26-year-old who has filed a claim for chronic low back, knee, foot, and ankle pain reportedly associated with an industrial injury of October 19, 2014. In a Utilization Review report dated April 28, 2015, the claims administrator failed to approve requests for 18 sessions of physical therapy, Ultram, Tylenol with Codeine, and Flexeril. The claims administrator referenced a RFA form dated April 20, 2015 in its determination. The applicant's attorney subsequently appealed. On June 3, 2015, the applicant reported ongoing complaints of hand and low back pain. The applicant was off of work, it was acknowledged. The applicant was quite obese, standing 5 feet 5 inches tall and weighing 222 pounds. Medication selection and medication efficacy were not detailed. In a progress note dated April 3, 2015, the applicant again reported ongoing complaints of low back pain radiating into the bilateral legs, with ancillary complaints of knee pain. The applicant reported that activities including sitting, standing, walking, kneeling, squatting, and lifting all remained problematic. The applicant was placed off of work, on total temporary disability. The applicant was asked to continue unspecified medication. No discussion of medication efficacy transpired. On February 20, 2015, the applicant was placed off of work, on total temporary disability. Prilosec, tramadol, Flexeril, Tylenol with Codeine, and several topical compounded medications were endorsed, along with an interferential stimulator device and a lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 18 for the cervical spine, right shoulder, bilateral hands and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: No, the request for 18 sessions of physical therapy for the cervical spine, right shoulder, bilateral hands, and lumbar spine was not medically necessary, medically appropriate, or indicated here. The 18-session course of therapy at issue, 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 diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, on total temporary disability, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim, suggesting a lack of functional improvement as defined in MTUS 9792.20e despite receipt of the same. Therefore, the request was not medically necessary.

Ultram ER 150 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Ultram, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. 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, however, the applicant was off of work, on total temporary disability. The attending provider's multiple progress notes, referenced above, failed to incorporate or include any discussion of medication efficacy. The attending provider's commentary on April 3, 2015 to the effect that the applicant was still having difficulty performing activities of daily living as basic as sitting, standing, walking, kneeling, climbing, etc., did not make a compelling case for continuation of opioid therapy with tramadol (Ultram), particularly when viewed in the context of the applicant's failure to return to work. Therefore, the request was not medically necessary.

Flexeril 7.5 mg #120: Upheld

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

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

Decision rationale: Similarly, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. 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, in fact, using a variety of other agents, including Ultram, topical compounded medications, Tylenol with Codeine, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 120-tablet supply of cyclobenzaprine (Flexeril) at issue represents treatment 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.

Tylenol/Codeine No. 4 (Qty not provided): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Tylenol with Codeine, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. 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, however, the applicant was off of work, on total temporary disability, as suggested above. The attending provider failed to outline meaningful or material improvements in function or quantifiable decrements in pain (if any) effected as a result of ongoing Tylenol No. 4 usage (if any). The applicant's failure to return to work, coupled with the attending provider's reports of the applicant's difficulty performing activities as basic as sitting, standing, walking, and climbing, taken together, did not make a compelling case for continuation with opioid therapy with Tylenol No. 4. Therefore, the request was not medically necessary.