Case Number:	CM15-0134705		
Date Assigned:	07/23/2015	Date of Injury:	07/09/2014
Decision Date:	09/18/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/13/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 45-year-old male, who sustained an industrial injury on 07/09/2014. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having cervical spine musculoligamentous sprain/strain with radiculitis, thoracic spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, lumbar spine discogenic disease per MRI on 11/06/2014, left shoulder sprain/strain with tendinitis, and left shoulder impingement syndrome. Treatment and diagnostics to date has included physical therapy, acupuncture, home exercise program, and medications. In a progress note dated 06/03/2015, the injured worker presented with complaints of pain in the neck, mid/upper back, lower back, and left shoulder. Pain level is noted as 8/10 on the pain scale. Objective findings include tenderness to palpation over the cervical, thoracic, and lumbar paraspinal muscles with restricted range of motion. The treating physician reported requesting authorization for 12 additional physical therapy sessions for the cervical spine, thoracic spine, lumbar spine, and left shoulder, Tramadol, and Fexmid (Cyclobenzaprine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 12 sessions: Upheld

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

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

Decision rationale: Physical therapy in the form of passive therapy for injuries is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia-type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had completed many sessions of physical therapy with reported benefit, but vaguely documented and not defined by functional gains or pain level reductions. The worker has already completed more than the recommended supervised number of sessions, and there is no indication documented as to why the worker is not able to continue with unsupervised physical exercises in order to continue physical therapy, as the physical therapist should have instructed this worker, on how to continue therapy at home at this point. Therefore, due to limited documentation of effectiveness and no supportive information to warrant ongoing supervision, the requested 12 sessions of physical therapy will not be considered medically necessary.

Tramadol 50 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96, 113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence from documentation submitted for review to show this full review was completed regarding the tramadol use, which was chronic leading up to this request for renewal. There was no specific mention of functional gains or measurable pain level reduction with the use of the tramadol. Only general and vague reports were found in the notes, including reported pain levels, presumably with medication use, ranging around 8-9/10, which is modest at best. Therefore, considering the lack of supportive documentation to warrant continuation of this medication, the tramadol will not be considered medically necessary at this time. Weaning may be indicated.

Fexmid (Cyclobenzaprine) 7.5 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66 Page(s): 41-42.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was insufficient documentation to show significant and measurable pain reduction and functional gains directly related to the cyclobenzaprine use. Regardless of the recent progress note suggesting slight worsening of symptoms overall, there did not seem to be enough evidence to suggest this prescription for any number of pills, but especially for 90 pills, which was prescribed for continuation of chronic use, which is not recommended for this drug type. Therefore, the Fexmid 7.5 mg #90 will not be considered medically necessary at this time.