

<b>Case Number:</b>	CM15-0143548		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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, Pain Management

### 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 42 year old male, who sustained an industrial injury on 8-17-09. Initial complaints were not reviewed. The injured worker was diagnosed as having dysthymic disorder; congenital spondylosis lumbosacral region; lumbar radiculopathy; lumbar degenerative disc disease; non-cardiac chest pain; bilateral shoulder pain; chronic pain syndrome; left shoulder pain. Treatment to date has included chiropractic therapy; medications. Diagnostics studies included MRI lumbar spine (5-29-15). Currently, the PR-2 notes dated 7-1-15 indicated the injured worker was in the office on this date as a follow-up visit for his low back, left shoulder and left flank-rib pain. He continues to find the medications helpful and well tolerated. He is taking them as directed. He taking Naproxen for inflammation, Flexeril for acute flare-ups of muscle spasms, Gabapentin for neuropathic pain, Colace for constipation caused by Morphine and Morphine Sulfate IR for is severe pain. He would like to have his medications refilled today. He is able to take care of his hygiene and walk 30 minutes with the help of his medications. He saw the shoulder specialist for his left shoulder and reports the surgery has been denied. He has been authorized to see a Urologist for frequent urination as well as a specialist for testosterone management but no appointments have been scheduled at this time. The provider reports they discussed seeing a lumbar spine surgeon but this has not been authorized to date. He is having a lot of left flank pain and reports he gets really bad muscle spasms that make it difficult for him to breath. He continues to have neck, mid and low back pain, buttock, and shoulder pain which he describes as pins and needles. He rates his pain as 9 over 10 with without medications and 6 over 10 with medications. His pain is reported as worse since his last visit. A psychology consult

was requested and has been authorized but confusion occurred when the office was making the appointment with him. He has not heard back about that appointment. A physical examination is documented by this provider. He notes the lumbar spine examination a slight decrease in sensation over the left lower leg in multiple dermatomes. The sacroiliac joints are tender and there is tenderness over the lumbar paraspinals. He has pain with lumbar flexion and extension. His straight leg raise elicits low back pain on the left side. He is tender to palpation of the lateral ribs at 6-12 on the left with myofascial restrictions appreciated. His left shoulder examination notes range of motion 110 degrees with abduction and flexion and unable to get his hand behind the low back or behind his head. He has a positive drop the arm test. The provider reviews a MRI of the lumbar spine dated 5-22-15 that reveals disc bulges from L1-2, L2-3, L3-4, L4-5 and L5-S1. It notes mild to moderate bilateral foraminal stenosis at L3-L4 and L4-L5. The report was submitted. Hypertrophy of the facets joints is noted with patent spinal canal. This is also noted at L4-5. The injured worker reports he is not interested in injections at this time and would like to move forward with a surgical consultation. Other PR-2 notes dated 12-16-14 submitted indicate the injured worker has a surgical history for left knee arthroscopic surgery in 1996 and an umbilical herniorrhaphy in October 2009. He denies any other surgical procedures. Since he has the left flank pain with myofascial restrictions on physical examination the provider documents he would benefit from massage therapy. The provider is requesting authorization of Massage therapy 1 time per week for 6 weeks for the back and Flexeril 10mg #60 with 3 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Massage therapy 1 time per week for 6 weeks for the back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy; Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 60 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Massage Therapy.

**Decision rationale:** Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication that the currently requested massage therapy will be used as an adjunct to other recommended treatment modalities. Finally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.

**Flexeril 10mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine (Flexeril) is not medically necessary.