

Case Number:	CM15-0143942		
Date Assigned:	08/04/2015	Date of Injury:	04/12/2015
Decision Date:	08/31/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/24/2015

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: Massachusetts

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 26-year-old female who sustained an industrial/work injury on 4-12-15. She reported an initial complaint of neck and low back pain. The injured worker was diagnosed as having sprains of the neck and the lumbar region. Treatment to date includes medication and physical therapy. X-ray results were reported on 6-24-15 of the cervical and lumbar spine that was within normal limits. Currently, the injured worker complained of neck and low back pain. There was radiation down the right leg. Per the primary physician's report (PR-2) on 6-9-15, exam noted tenderness, decreased range of motion, and spasm of the cervical spine and lumbar spine. The requested treatments include Physical therapy 3x4 for the cervical and lumbar spine, Naproxen 500mg, and Flexeril 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 for the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in February 2015 and continues to be treated for neck and low back pain. When seen, she was having ongoing symptoms. She was having pain over the right sacroiliac joint with radiating symptoms into the right leg. She was trying not to take tramadol. She had stopped taking NSAID medication, as it has not helped. Physical examination findings included lumbar spine and right sciatic notch tenderness. There was normal gait. Diagnoses were cervical and lumbar strains. Prior treatments have included six sessions of physical therapy without benefit. The claimant is being treated for chronic pain with no new injury and has already had physical therapy without benefit. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of another course of physical therapy was likely to be effective. The request was not medically necessary.

Naproxen 500mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in February 2015 and continues to be treated for neck and low back pain. When seen, she was having ongoing symptoms. She was having pain over the right sacroiliac joint with radiating symptoms into the right leg. She was trying not to take tramadol. She had stopped taking NSAID medication, as it has not helped. Physical examination findings included lumbar spine and right sciatic notch tenderness. There was normal gait. Diagnoses were cervical and lumbar strains. Prior treatments have included six sessions of physical therapy without benefit. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant has already discontinued this medication, as it was not effective when prescribed at an appropriate dose. Ongoing prescribing of the same NSAID is not appropriate or medically necessary.

Flexeril 10mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41; (2) Muscle relaxants, p63.

Decision rationale: The claimant sustained a work injury in February 2015 and continues to be treated for neck and low back pain. When seen, she was having ongoing symptoms. She was having pain over the right sacroiliac joint with radiating symptoms into the right leg. She was trying not to take tramadol. She had stopped taking NSAID medication, as it has not helped. Physical examination findings included lumbar spine and right sciatic notch tenderness. There was normal gait. Diagnoses were cervical and lumbar strains. Prior treatments have included six sessions of physical therapy without benefit. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.