

Case Number:	CM15-0145515		
Date Assigned:	08/06/2015	Date of Injury:	12/11/2014
Decision Date:	09/10/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/27/2015

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 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 11, 2014. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve requests for physical therapy, Flexeril, and naproxen. The claims administrator referenced a June 22, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 22, 2015, the applicant transferred care to a new primary treating provider (PTP) reporting ongoing complaints of low back pain radiating into left lower extremity. The applicant was given a rather proscriptive 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. Urine drug testing was endorsed. Confirmatory and quantitative drug testing to include multiple different opioid metabolites was apparently performed. The attending provider's June 23, 2015 progress note did not explicitly discuss selection of naproxen or Flexeril. In a subsequent note, dated July 20, 2015, unspecified medications were refilled. Epidural steroid injection therapy was sought. It was acknowledged that the applicant was not working. An interferential stimulator device was sought. The applicant had had earlier manipulative therapy, the treating provider contended. The treating provider then contended that the applicant had not had any physical therapy to his knowledge and/or through his facility. In an RFA form dated June 23, 2015, Flexeril, naproxen, tramadol, drug testing, and eight sessions of physical therapy were sought. In an earlier note dated January 14, 2015, the applicant's former treating provider noted that the applicant was off work as his employer was unable to accommodate previously suggested limitations. The applicant was receiving chiropractic manipulative therapy; it was acknowledged and had completed nine such treatments through this point in time. In an applicant questionnaire

dated June 22, 2015, the applicant seemingly contended that the treatment she had received to date comprised, in large part, of chiropractic manipulative therapy for the neck and shoulder. On May 6, 2015, the applicant was described as having received one prior epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions for the lumbar spine: Overturned

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

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

Decision rationale: Yes, the request for eight sessions of physical therapy for the lumbar spine was medically necessary, medically appropriate, and indicated here. The eight-session course of therapy at issue is in-line with the 8 to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. The attending provider framed the June 22, 2015 request for physical therapy as a first-time request for physical therapy. There was no concrete evidence to support the proposition that the applicant had had prior physical therapy through previous providers. The bulk of the applicant's treatment prior to that point in time seemingly comprised of manipulative therapy and epidural steroid injection therapy, it was suggested. Moving forward with the eight-session course of physical therapy was, thus, indicated. Therefore, the request was medically necessary.

Flexeril 10mg #90: 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 Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Conversely, the request for Flexeril (cyclobenzaprine) was 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 given prescriptions for Flexeril, naproxen, and Tramadol on June 23, 2015. Adding cyclobenzaprine to the mix, thus, ran counter to principles articulated on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 90-tablet supply of Flexeril at issue implied 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.

Naproxen 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Naproxen Page(s): 70-71, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Finally, the request for naproxen, an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as naproxen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present. Here, the attending provider suggested that the request for naproxen represented a first-time request for the same, prescribed and/or dispensed on or around June 23, 2015. The request, thus, appears to have been initiated by the applicant's new primary treating provider on or around the date of his first visit with the applicant, June 22, 2015. Introduction of naproxen was indicated on that date, given the applicant's ongoing complaints of low back pain present at that point. Therefore, the request was medically necessary.