MAXIMUS Federal Services

Case Number:	CM15-0148114		
Date Assigned:	08/11/2015	Date of Injury:	10/27/2006
Decision Date:	09/15/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/30/2015

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 York
Certification(s)/Specialty: Internal 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 injured worker is a 73-year-old female, who sustained an industrial injury on October 27, 2006. She reported catching her leg on the cord for the keyboard as she was standing up, falling to the floor, sustaining a "whiplash" type injury to her neck. The injured worker was diagnosed as having cervical strain, cervical disc disease, right cervical radiculitis, and bilateral wrist neuropathy. Treatments and evaluations to date have included electrodiagnostic studies, chiropractic treatments, physical therapy, and medication. Currently, the injured worker reports cervical spine pain rated as 3 out of 10 with intermittent radicular pain down her arms, and wrist pain rated 5 out of 10. The Treating Physician's report dated April 1, 2015, noted the injured worker reported getting relief from her pain with rest, medication, massage, home exercise program (HEP), and physical therapy. Physical examination was noted to show positive trapezius muscle spasm and tenderness to palpation midline around C7-T1, and wrist tenderness to palpation on the left snuffbox, negative on the right. The injured worker was noted to have increasing neck and trapezius muscle spasm. The Physician noted the injured worker continued to benefit from regular exercises, yoga, and massages, with request for physical therapy, massage, and continued medication with refills of Celebrex and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine (Norflex) TAB 100mg 1 PO QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. . . and a reduction in the dependency on continued medical treatment." The guidelines recommend "non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain". Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement, with no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, with prolonged use of some medications in this class leading to dependence, and despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine (Norflex) is an antispasmodic muscle relaxant. The injured worker was noted to have been prescribed Norflex since at least December 2011, without documentation of objective, measurable improvement in pain, function, ability to perform specific activities of daily living (ADLs), work status, or dependency on continued medical treatment with use of the Norflex. Based on the guidelines, the documentation provided did not support the request for Orphenadrine (Norflex) TAB 100mg 1 PO QD #30 and is not medically necessary.

Massage therapy to cervical spine and trapezius onetime per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Massage therapy.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. . . and a reduction in the dependency on continued medical treatment." The MTUS Chronic Pain Medical Treatment Guidelines recommends massage therapy in adjunct to other recommended treatment, and should be limited to 4-6 visits in most cases. The Official Disability Guidelines (ODG) notes the recommended frequency and duration of treatment should include immediate effect, frequency of 1 to 2

times per week for an optimum duration of 6 weeks, and maximum duration of 2 months. "Care beyond 2 months may be indicated for certain chronic pain patients in whom massage is helpful in improving function, decreasing pain, and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached MMI and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 2 months should be documented with objective improvement in function". The injured worker was noted to have had pain relief with massage, however the documentation provided did not include any massage therapy progress notes or documentation of the dates, duration, or frequency of previous massage therapy. The documentation provided failed to include objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), work status, or dependency on medical treatment with previous massage therapy. Therefore, based on the guidelines, the documentation provided did not support the request for massage therapy to cervical spine and trapezius onetime per week for four weeks and is not medically necessary.

Physical Therapy to the cervical spine and trapezius onetime per week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. . . and a reduction in the dependency on continued medical treatment." The guidelines note that passive therapy can provide short term relief during the early phases of pain management, and active therapy can be beneficial for restoring flexibility, strength, endurance, function, and range of motion (ROM), and can alleviate discomfort. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, chapter on neck and upper back complaints notes physical manipulation for neck pain is optional for early care only. The injured worker was noted to have had pain relief with physical therapy, however the documentation provided did not include any physical therapy progress notes or documentation of the dates, duration, or frequency of previous physical therapy. The documentation provided failed to include objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), work status, or dependency on medical treatment with previous physical therapy. Therefore, based on the guidelines, the documentation provided did not support the request for physical therapy to the cervical spine and trapezius onetime per week for four weeks and is not medically necessary.