

Case Number:	CM15-0163537		
Date Assigned:	08/31/2015	Date of Injury:	05/23/2011
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/20/2015

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 33-year-old female with an industrial injury dated 05-23-2011. The injury is documented as occurring when she was moving soda bottles feeling a pop in her low back. Her diagnoses included lumbar spine strain-sprain, status post microdiscectomy-laminectomy and thoracic spine strain-sprain. Prior treatment included medications, diagnostics, and cortisone injections to her low back, physical therapy, chiropractic treatment, acupuncture and a back brace. She also had back surgery on 05-05-2014. She presents on 06-02-2015 with complaints of pain in the mid back rated as 6 out of 10. Physical exam noted decreased range of motion of the lumbar spine. There was tightness and spasm of the paraspinal musculature. There was facet joint tenderness at lumbar 3, 4 and lumbar 5 levels. The treatment requests are: Prilosec 20 mg #60; Physical therapy lumbar and thoracic spine 2 x weeks for 6 weeks; and Fexmid 7.5 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in May 2011 and underwent a lumbar laminectomy in May 2014. Recent treatments have included chiropractic care with completion of eight sessions as of 05/06/15. She was seen for an initial evaluation by the requesting provider on 06/02/15. She was taking Tylenol. Physical examination findings included a BMI of over 32. There was decreased thoracic and lumbar spine range of motion. Straight leg raising was positive bilaterally. There was paraspinal tightness with muscle spasms. There was decreased lower extremity strength and sensation. There was facet joint tenderness in the lower lumbar spine. Medications were prescribed. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Prilosec (omeprazole) was not medically necessary.

Physical therapy lumbar and thoracic spine 2 x weeks for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in May 2011 and underwent a lumbar laminectomy in May 2014. Recent treatments have included chiropractic care with completion of eight sessions as of 05/06/15. She was seen for an initial evaluation by the requesting provider on 06/02/15. She was taking Tylenol. Physical examination findings included a BMI of over 32. There was decreased thoracic and lumbar spine range of motion. Straight leg raising was positive bilaterally. There was paraspinal tightness with muscle spasms. There was decreased lower extremity strength and sensation. There was facet joint tenderness in the lower lumbar spine. Medications were prescribed. Authorization for 12 sessions of physical therapy were requested. In terms of physical therapy for a lumbar or thoracic strain, guidelines recommend up to 10 treatment sessions over 5 weeks. 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 both recommendations and is not medically necessary.

Fexmid 7.5mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, Page(s): 41, 63.

Decision rationale: The claimant sustained a work injury in May 2011 and underwent a lumbar laminectomy in May 2014. Recent treatments have included chiropractic care with completion of eight sessions as of 05/06/15. She was seen for an initial evaluation by the requesting provider on 06/02/15. She was taking Tylenol. Physical examination findings included a BMI of over 32. There was decreased thoracic and lumbar spine range of motion. Straight leg raising was positive bilaterally. There was paraspinal tightness with muscle spasms. There was decreased lower extremity strength and sensation. There was facet joint tenderness in the lower lumbar spine. Medications were prescribed. Fexmid (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 more than 3 weeks of use and there was no acute exacerbation of her condition. Fexmid was not medically necessary.