

<b>Case Number:</b>	CM15-0181566		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	07/04/2011
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 4, 2011. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve requests for eight sessions of physical therapy of low back, Norco, and Flexeril. A July 29, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said July 29, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the legs, 6/10. The applicant was status post a failed epidural steroid injection. The applicant was on Norco and Cymbalta. Physical therapy and repeat epidural steroid injection were sought while Norco, Cymbalta, Naprosyn, Protonix, and Flexeril were renewed and/or continued. A rather proscriptive 10-pound lifting limitation was imposed. The attending provider acknowledged the applicant had failed to return to work with said limitation in place. Towards the top of the note, the attending provider stated that the applicant had developed nausea with Norco and had discontinued the same. The attending provider then stated the applicant's ability to perform grooming and food preparation at unspecified amounts had been ameliorated as a result of ongoing medication consumption. On an RFA form dated July 30, 2015, the applicant's psychiatrist renewed Xanax, Ambien, Wellbutrin, and Buspar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Low Back Physical Therapy 2x4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

**Decision rationale:** No, the request for eight sessions of physical therapy for the low back was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 8 to 10 sessions of treatment for radiculitis, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, it was reported on July 29, 2015, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. A rather proscriptive 10-pound lifting limitation was renewed on that date. The applicant remained dependent on opioid agents such as Norco, it was acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for an additional eight sessions of physical therapy was not medically necessary.

**Hydrocodone 10/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, criteria for use.

**Decision rationale:** Similarly, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off of work, the treating provider reported on July 29, 2015. The applicant had been off of work for several months, the treating provider reported on that date. A rather proscriptive 10-pound lifting limitation was seemingly renewed on that date. While the attending provider stated that the applicant's medications were attenuating the applicant's pain complaints, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline, meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider commentary to the

effect that the applicant's ability to perform grooming and food preparation in unspecified amounts as a result of ongoing medication consumption did not, moreover, constitute evidence of substantive improvement in function achieved as a result of ongoing Norco usage and was, moreover, seemingly outweighed by the applicant's failure to return to work. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines suggest that an attending provider should incorporate some discussion of applicant specific variable such as "side effects" into his recommendations. Here, portions of the attending provider's July 29, 2015 progress note stated that the applicant had developed nausea with Norco and had discontinued the same. The applicant's development of nausea with Norco had internally inconsistent reporting as to whether the applicant was or was not using the same likewise argued against the request in question. Therefore, the request was not medically necessary.

**Dispensed 7/29/15 Cyclobenzaprine 7.5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** Finally, the request for cyclobenzaprine was likewise 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, in fact, using a variety of other agents, including the Norco also at issue, Naprosyn, Xanax, Ambien, Wellbutrin, Buspar, etc. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 90-tablet supply of cyclobenzaprine at issue represented 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.