

<b>Case Number:</b>	CM15-0187625		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 April 18, 2014. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve a request for a six-week functional restoration program and Flexeril. The claims administrator referenced an August 24, 2015 office visit in its determination. On August 24, 2015, the treating provider stated that the applicant was unable to work owing to worsening complaints of back and leg pain. The attending provider noted that the applicant had residual back and leg pain complaints status post earlier lumbar spine surgery in May 2014. A functional restoration program, MRI imaging of the lumbar spine with and without contrast, and electrodiagnostic testing of bilateral lower extremities were all sought. Flexeril and Neurontin were renewed. The applicant was kept off work. The applicant was asked to consult a psychologist. The requesting provider was the applicants' spine surgeon, it was stated. The attending provider stated that the applicant had residual pain and numbness about the legs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional restoration program 6 weeks program:** 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): Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs).

**Decision rationale:** No, the request for a six-week functional restoration program was not medically necessary, medically appropriate, or indicated here. As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, treatment via a functional restoration program is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Here, thus, the request for six weeks of treatment via a functional restoration program was at odds with both pages 49 and 32 of the MTUS Chronic Pain Medical Treatment Guidelines both of which seemingly stipulate that treatment via a functional restoration program is not suggested for longer than two weeks without demonstrated evidence of efficacy. Here, the request, thus, as written, did not contain a proviso to reevaluate the applicant in the midst of treatment so as to ensure a favorable response to the same before moving forward with the remainder of the course. The six-week functional restoration program likewise represented treatment in excess of the 20 session's treatment duration for functional restoration programs established on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another primary criteria for pursuit of a functional restoration program is evidence that a claimant is not a candidate for surgery or other treatments which would clearly be warranted to improve pain and function. Here, the requesting provider, a spine surgeon, ordered lumbar MRI imaging on August 24, 2015, suggesting that the applicant was, in fact, considering further lumbar spine surgery. The requesting provider also stated on August 24, 2015 that the applicant did have significant mental health issues and that the applicant was in the process of pursuing psychological treatment for the same. It did appear, thus, that there were multiple treatment options, which were likely to generate functional improvement here, effectively arguing against the need for the functional restoration program at issue. Therefore, the request was not medically necessary.

**Flexeril 10mg #30 with 3 refills:** 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:** Similarly, the request for Flexeril 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, per the treating provider's August 24, 2015 office visit, using at least one other agent, Neurontin. The addition of cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 30-tablet, 3-refill supply of Flexeril (cyclobenzaprine)

at issue, in and of itself, 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.