

Case Number:	CM15-0188232		
Date Assigned:	09/30/2015	Date of Injury:	03/08/2013
Decision Date:	11/13/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/24/2015

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, California

Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on March 08, 2013. The injured worker was diagnosed as having cervical spine musculoligamentous sprain and strain with bilateral upper extremity radiculitis with disc bulge at cervical three through cervical seven with stenosis and multilevel endplate degenerative changes, lumbar spine musculoligamentous sprain and strain with bilateral lower extremity radiculitis with disc bulge at lumbar five and sacral one with degenerative disc disease with disc bulge at lumbar three through five, psychiatric upset, and gastrointestinal upset. Treatment and diagnostic studies to date has included laboratory studies, home exercise program, and medication regimen. In a progress note dated August 03, 2015 the treating physician reports complaints of "severe", sharp, aching, sore pain to the neck that radiates to the bilateral arms and hands with numbness that radiates from the first to the third digits and complaints of weakness. The treating physician also noted complaints of "severe", constant pain to the low back with numbness and tingling to the bilateral feet along with the injured worker falling secondary to weakness. Examination performed on August 03, 2015 was revealing for tenderness with muscle spasms to the cervical paravertebral muscles, the trapezius muscles, and the levator scapulae muscles, positive axial compression testing, decreased range of motion to the cervical spine, decreased sensation to the bilateral hands, tenderness to the lumbar paravertebral muscles, positive with Kemp's testing, decreased range of motion to the lumbar spine, and decreased sensation to the bilateral lower extremities. As of August 03, 2015 the injured worker's medication regimen included Norco (since January of 2015), Fexmid (Cyclobenzaprine) (since January of 2015), Neurontin (since

February of 2015), and Sonata (since of February of 2015). Other medication list include Fluoxetine, Elavil, Prilosec and Trazodone. On August 03, 2015 the injured worker's pain level was rated an 8 on a scale of 0 to 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement in activities of daily living with the use of his medication regimen. The treating physician requested Flexeril 10mg with a quantity of 60 noting current use of this medication and supplies for an interferential unit of pads and batteries for a twelve month supply, but the progress note did not indicate the specific reason for the requested equipment. On September 16, 2015 the Utilization Review denied the request for supplies for an interferential unit of pads and batteries for a twelve month supply and Flexeril 10mg with a quantity of 60. The patient sustained the injury due to cumulative trauma. The patient has had MRI of the cervical spine on 7/31/13 that revealed disc protrusions, central canal narrowing, and degenerative changes. The patient had received an unspecified number of chiropractic visits for this injury. The patient has had history of GERD, endoscopy and colonoscopy and H pylori infection. The patient has a history of anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supplies for IF unit - pads/batteries (months), #12: 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): Transcutaneous electrotherapy.

Decision rationale: Request: Q--Supplies for IF unit - pads/batteries (months), #12. Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." Per the cited guideline While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: - Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. Per the records provided, the indications listed above were not specified in the records provided. The records provided do not specify a response to conservative measures such as oral

pharmacotherapy in conjunction with rehabilitation efforts for this injury. The patient had received an unspecified number of chiropractic visits for this injury. The detailed response to previous conservative therapy was not specified in the records provided. The medical necessity of the IF unit is not fully established and therefore the need for the IF unit supplies is also not established. The medical necessity of the request for S Supplies for IF unit - pads/batteries (months), #12 is not fully established in this patient.

Flexeril 10mg, #60: Overturned

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: Q--Flexeril 10mg, #60. According to CA MTUS guidelines cited, cyclobenzaprine is "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." The injured worker was diagnosed as having cervical spine musculoligamentous sprain and strain with bilateral upper extremity radiculitis with disc bulge at C 3 through C 7 with stenosis and multilevel endplate degenerative changes, lumbar spine musculoligamentous sprain and strain with bilateral lower extremity radiculitis with disc bulge at L5 and S1 with degenerative disc disease with disc bulge at L3 through L5. In a progress note dated August 03, 2015 the treating physician reports complaints of "severe", sharp, aching, sore pain to the neck that radiates to the bilateral arms and hands with numbness that radiates from the first to the third digits. Examination performed on August 03, 2015 was revealing for tenderness with muscle spasms to the cervical paravertebral muscles, the trapezius muscles, and the levator scapulae muscles, positive axial compression testing, tenderness to the lumbar paravertebral muscles. The patient has had MRI of the cervical spine on 7/31/13 that revealed disc protrusions, central canal narrowing, and degenerative changes. The patient has evidence of muscle spasm on objective examination. The patient also has chronic conditions with significant abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore with this, it is deemed that, the use of the muscle relaxant Flexeril 10mg, #60 is medically appropriate and necessary in this patient.