

<b>Case Number:</b>	CM15-0190789		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/07/2015
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 60 year old male, who sustained an industrial injury on 5-7-15. The injured worker was diagnosed as having status post blunt head injury; lumbar spine musculoligamentous strain-sprain; status post lumbar spine disc protrusion with radiculopathy; left shoulder strain-sprain tendinosis; right wrist sprain-strain; right knee sprain-strain. Treatment to date has included physical therapy; right wrist brace; motorized hot and cold machine purchased; medications. Currently, the PR-2 notes dated 8-28-15 indicated the injured worker presented for a follow-up visit. The injured worker complains of pain in the low back, right knee and pain and numbness in right wrist. He also complains of pain in his left shoulder that radiates to the left arm with tingling. The provider documents "On a scale of 0 to 10, with 10 representing the worst, his pain in the lower back, left shoulder, and right wrist is rated as 6 out of 10 per the VAS scale, which is decreased from 7 out of 10 on the last visit and 3 out of 10 in the right knee, which is decreased from 6 out of 10 on the last visit." Objective findings are documented by this provider as there is grade 2 to 3 tenderness to palpation over the paraspinal muscles, which has remained the same since his last visit and 2 palpable spasms which has remained the same since his last visit. There is restricted range of motion. Straight leg raise test is positive on the left. There is grade 2-3 tenderness to palpation which has increased from grade 2 on the last visit of his left shoulder with restricted range of motion. The left wrist is grade 2-3 tenderness to palpation which has increased from 2 on the last visit. Tinel's and Phalen's test are positive. The right knee is a grade 2 tenderness to palpation which has remained the same since his last visit with restricted range of motion. There are no changes on neurocirculatory examination. The

provider comments: "The patient states treatment helps. He also states physical therapy helps to decrease pain and tenderness. He indicates that his function and activities of daily living have improved by 10% with physical therapy. Authorization for extracorporeal shockwave therapy was denied. He has spending x-rays that were authorized." The treatment plan is requesting a continuation of physical therapy and notes the injured worker has completed 21 sessions of physical therapy thus far. He was prescribed Mobic 7.5mg to take 1 tablet every 12 hours as needed for his pain. He was first prescribed Mobic 7.5 mg on 6-3-15. A Request for Authorization is dated 9-28-15. A Utilization Review letter is dated 9-22-15 and non-certification was for 4 physical therapy sessions; 1 prescription of Mobic 7.5 mg #30 and 1 prescription of Fexmid 2.5 mg #90. A request for authorization has been received for 4 physical therapy sessions; 1 prescription of Mobic 7.5 mg #30 and 1 prescription of Fexmid 2.5 mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **4 physical therapy sessions: Upheld**

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

**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, Physical Therapy.

**Decision rationale:** Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks. Per the medical records, the injured worker recently completed 10 sessions of physical therapy 8/2015. The injured worker reported 10% functional improvement with these visits. This is not significant enough to justify an extension of physical therapy. The request is not medically necessary.

#### **1 prescription of Mobic 7.5 mg #30: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** With regard to NSAIDs the MTUS CPMTG states: "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has been using this medication daily, long term. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.

**1 prescription of Fexmid 2.5 mg #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): Muscle relaxants (for pain).

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy, Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 6/12/15. There is no documentation of the patient's specific functional level with treatment with cyclobenzaprine. As it is recommended only for short-term use, the request is not medically necessary.