

Case Number:	CM15-0192803		
Date Assigned:	10/06/2015	Date of Injury:	12/27/1999
Decision Date:	11/16/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/30/2015

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

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 injured worker is a 64 year old female, who sustained an industrial injury on 12-27-1999. Medical records indicate the worker is undergoing treatment for cervical and lumbar discogenic condition, bilateral carpal tunnel syndrome and bilateral shoulder impingement. A recent progress report dated 9-15-2015, reported the injured worker complained of neck and low back pain and bilateral shoulder pain and she reported the aqua therapy "loosened her up, increased range of motion and reduced her pain". Physical examination revealed right shoulder tenderness and abduction of 140 degrees and tenderness along the trapezius and shoulder girdle. Treatment to date has included physical therapy and medication management. The physician is requesting Flexeril 10mg #60 and Additional aqua therapy for 12 visits. On 9-23-2015, the Utilization Review noncertified the request for Flexeril 10mg #60 and Additional aqua therapy for 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg Qty: 60.00: Upheld

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

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

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, there is no objective or subjective documentation of muscle spasm. Additionally, this request for 60 tablets does not imply short term, acute treatment. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10mg Qty: 60.00 is not medically necessary.

Additional Aqua therapy Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

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

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. In this case, although the injured worker has completed 12 aqua therapy sessions with stated relief, there is no rationale for choosing aqua therapy over land-based therapy and there is no indication that the injured worker cannot bear weight. The request for additional aqua therapy Qty: 12.00 is not medically necessary.