

Case Number:	CM15-0195722		
Date Assigned:	10/09/2015	Date of Injury:	11/08/2001
Decision Date:	11/18/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	10/05/2015

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: Physical Medicine & Rehabilitation

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 61 year old female with an industrial injury date of 11-08-2001. Medical record review indicates she is being treated for lumbar strain with left lumbar radiculitis, upper thoracic strain, cervical strain with bilateral cervical radiculitis with no examination findings or subjective complaints suggestive of cervical myelopathy, bilateral shoulder strain, worse on the right than the left and secondary depression and anxiety due to chronic pain. Subjective complaints (08-13-2015) included low back pain with radiation to lower extremities, neck and upper back pain with radiation to the shoulder, bilateral shoulder pain- greater on the right, depression and sleep difficulty due to chronic pain and headaches. The treating physician indicated the injured worker's pain was decreased by 30-50% and she could do activities of daily living without much difficulty, had no significant adverse side effects, no aberrant behavior and her medications lasted 30 days or longer. "Since her last visit massage therapy was completed with decreased muscle spasms and pain overall." The injured worker rated her low back, neck and bilateral shoulder pain as 2 out of 10. The treating physician indicated the injured worker had not returned to work since 10-30-2002. Her medications included Norco, Naproxen, Prozac and Omeprazole. Prior medications included Soma (discontinued 06-15-2015). Prior treatments included chiropractic treatment, physical therapy, massage therapy (at least 7 sessions) and medications. Physical exam (08-13-2015) revealed "mild slow" gait but no limp noted. There was slight tenderness and slight spasm from thoracic 2-thoracic 7. Cervical spine range of motion was decreased with slight spasm in the mid and lower cervical region. Shoulder exam revealed decreased range of motion of abduction and flexion with tenderness of the acromioclavicular

region. Lumbar spine range of motion was decreased with slight to moderate paralumbar muscle spasm, more on the left than the right. Straight leg raising was positive to the left at 70 degree in sitting position and to the right at 80 degree causing posterior thigh and posterior calf pain. On 09-05-2015 the requests for Flexeril 7.5 mg #60 and 4 massage therapy sessions was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 massage therapy sessions: Upheld

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

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

Decision rationale: Massage therapy may be recommended as an optional treatment to relieve acute postoperative pain in patients who had major surgery, in chronic pain syndromes, or for stress and anxiety disorders, not identified here. This treatment should only be as an adjunct to other recommended treatment such as an active exercise program, and should be limited to 4-6 visits in most cases as scientific studies show contradictory results. Furthermore, although massage may be beneficial in attenuating diffuse musculoskeletal pain symptoms; however, many studies lack long-term follow-up and beneficial effects were registered only during treatment, not thereafter. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. Submitted reports have not demonstrated specific clinical findings, diagnosis, acute flare-up or progressive deterioration to support for this request without functional benefit if any from any treatment previously rendered. The 4 massage therapy sessions is not medically necessary and appropriate.

Flexeril 7.5mg #60: Upheld

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

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

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2001 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional

improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status, remaining off work since 2002 to support further use as the patient remains unchanged. The Flexeril 7.5mg #60 is not medically necessary and appropriate.