

Case Number:	CM15-0196001		
Date Assigned:	10/09/2015	Date of Injury:	07/06/2015
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 28 year old female who sustained an industrial injury on 7-6-2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine disc protrusions with radiculitis, left cubital tunnel syndrome and left carpal tunnel syndrome. According to the progress report dated 9-9-2015, the injured worker complained of neck pain with radiation to the left upper extremity. She also complained of left shoulder pain. She rated her pain as 8 out of 10, which was the same as the last visit. Per the treating physician (9-9-2015), the injured worker was temporarily totally disabled. The physical exam (9-9-2015) revealed tenderness to palpation over the cervical paraspinal muscles and the left shoulder. Cervical compression test was positive. Treatment has included physical therapy (unknown duration) and medications. Current medications (9-9-2015) included Tramadol and Cyclobenzaprine. Previous medications (7-20-2015) included Norflex, Prilosec and Naprosyn. The request for authorization dated 9-9-2015 included continue physical therapy of the cervical spine and left upper extremity, Fexmid and urine toxicology. The original Utilization Review (UR) (9-23-2015) denied requests for physical therapy of the cervical spine and left upper extremity, Fexmid (Cyclobenzaprine) and a urine toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the cervical spine and left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck.

Decision rationale: According to the CA MTUS/ ACOEM Chronic Pain Medical Treatment Guidelines page 9, therapy for chronic pain ranges from single modality approaches for the straightforward patient to comprehensive interdisciplinary care for the more challenging patient. Therapeutic components such as pharmacologic, interventional, psychological and physical have been found to be most effective when performed in an integrated manner. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Typically, with increased function comes a perceived reduction in pain and increased perception of its control. This ultimately leads to an improvement in the patient's quality of life and a reduction of pain's impact on society. Physical therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Specific recommendation for the number of visit for neck symptoms are not addressed in the CA MTUS so the ODG guidelines were consulted. ODG Physical Therapy Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial" (neck pain); cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks. Degeneration of cervical intervertebral disc (ICD9 722.4): 10-12 visits over 8 weeks. See 722.0 for post-surgical visits. Brachial neuritis or radiculitis NOS (ICD9 723.4): 12 visits over 10 weeks. In this case the submitted documentation reports the worker has undergone and unreported number of physical therapy visits and there is no documentation of functional improvements or the institution of a home exercise program. In addition the request is for an unspecified number of visits. Therefore the request does not meet the criteria set forth in the guidelines and therefore is not medically necessary.

Fexmid (cyclobenzaprine) 7.5mg #90: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks. In this case the worker has been taking cyclobenzaprine since at least 9/9/15. The requested quantity would result in duration of treatment exceeding the duration in the guidelines. In addition, there is no documented muscle spasm in the exam note from 9/9/15. Therefore, the request is not medically necessary.

Urine toxicology test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, page 43, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Recommend screening for the risk of addiction prior to initiating opioid therapy. It is important to attempt to identify individuals who have the potential to develop aberrant drug use both prior to the prescribing of opioids and while actively undergoing this treatment. Most screening occurs after the claimant is already on opioids on a chronic basis, and consists of screens for aberrant behavior/misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case there is no prior documentation of previous urine drug screens. There is no

documentation of aberrant behavior, suspicion for illicit drug use, or escalating narcotic dosing. This would indicate that the injured worker is low risk and frequency of testing should be 6 months after initiation of opioid therapy and on an annual basis thereafter. According to the documentation, the injury occurred on 7/6/15 and therefore 6 months has not elapsed since the initiation of therapy. Therefore the request is not medically necessary.