

Case Number:	CM15-0201113		
Date Assigned:	10/16/2015	Date of Injury:	04/21/2014
Decision Date:	12/22/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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: Arizona, Michigan

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 57-year-old female, with a reported date of injury of 04-21-2014. The diagnoses include cervical disc disorder with radiculopathy, lumbosacral radiculitis, displacement of lumbar intervertebral disc without myelopathy, lumbar muscle strain, thoracic spine strain, and post-laminectomy syndrome. Treatments and evaluation to date have included physical therapy, Cyclobenzaprine (since at least 06-2015), Hydrocodone, and Ibuprofen (since at least 06-2015). The diagnostic studies to date have included a urine drug screen on 09-18-2015 which was positive for Tramadol (inconsistent) and Cyclobenzaprine (consistent); a urine drug screen on 05-29-2015 which was negative for Cyclobenzaprine (inconsistent); a urine drug screen on 02-27-2015 which was negative for Cyclobenzaprine (inconsistent); an MRI of the lumbar spine on 06-02-2014 which showed degenerative joint disease in the facets at L2-3, L3-4, and L4-5 and early degenerative disc disease at L3-4 and L4-5. The progress report dated 08-21-2015 indicates that the injured worker complained of pain in the neck, upper back, shoulders, and hands with radiation to both arms. She also complained of pain in the mid back, lower back, knees, ankles, and feet with radiation to both legs. It was noted that her left foot was constantly numb. The pain was associated with tingling, numbness, and weakness. The injured worker rated her pain 6 out of 10; 4 out of 10 at its best; and 9 out of 10 at its worst. Her average pain in the last seven days was 5 out of 10 (07-24-2015 and 08-21-2015). In the past month, the injured worker reported difficulty getting dressed, performing her household chores, driving, and grocery shopping. The objective findings include forward flexion of the lumbar spine at 50 degrees; lumbar extension at 20 degrees; side bending of lumbar spine at 25 degrees on the right

and 40 degrees on the left; tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms; positive lumbar facet loading maneuver bilaterally; negative bilateral straight leg raise test; and diminished sensation in the left L5 and S1 dermatomes of the lower extremities. The treatment plan included physical therapy two times a week for six weeks to address stiffness, motion loss, and weakness. The medical records included the physical therapy report for two physical therapy visits on 05-12-2015 and 05-19-2015. The physical therapy report dated 05-19-2015 indicates that the injured worker's current pain was rated 5 out of 10; 3 out of 10 at its best; and 7 out of 10 at its worst. The injured worker reported having mild pain relief following the last physical therapy treatment. The objective findings include difficulty with sit and stand transfers; difficulty with the ability to stand fully upright due to pain; pain with palpation to bilateral lumbar spine paravertebral muscles, posterior superior iliac spine, and piriformis; and significant restrictions to lumbar spine bilateral paravertebral muscles with pain. The request for authorization was dated 09-28-2015. The treating physician requested one (1) one-point cane, ten (10) physical therapy visits, Cyclobenzaprine 7.5mg #60, and Motrin 800mg #60. On 10-02-2015, Utilization Review (UR) non-certified the request for one (1) one-point cane, ten (10) physical therapy visits, Cyclobenzaprine 7.5mg #60, and Motrin 800mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One point cane (x1): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse (NGC) "Prevention of Falls (Acute Care)".

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg / walking aids.

Decision rationale: The MTUS did not address the use of walking aids, therefore other guidelines were consulted. Per the ODG walking aids are recommended, a. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. In patients with OA, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. Patients must be careful not to use their cane in the hand on the same side as the symptomatic leg, as this technique can actually increase the knee adduction moment. Using a cane in the hand contralateral to the symptomatic knee might shift the body's center of mass towards the affected limb, thereby reducing the medially directed ground reaction force, in a similar way as that achieved with the lateral trunk lean strategy described above. Cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals. A review of the injured workers medical records reveal a history of chronic knee ankle and foot pain with

weakness and difficulty with prolonged walking, based on her clinical presentation the use of a cane appears appropriate therefore the request for One point cane (x1) is medically necessary.

Physical therapy x10 visits: Overturned

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

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records reveal chronic knee pain that would benefit from physical therapy, therefore based on her clinical presentation and the guidelines the request for Physical therapy x10 visits is medically necessary.

Cyclobenzaprine 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), Muscle relaxants (for pain).

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It 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. Treatment should be brief. Treatment is not recommended for longer than 2-3 weeks. Unfortunately a review of the injured workers does not reveal a clear rationale for continuing this medication, there is not documentation of ongoing muscle spasms and there is no documentation of the specific type of benefit she is receiving from the use of this medication, continued use does not appear appropriate. Therefore, the request for Cyclobenzaprine 7.5mg, #60 is not medically necessary.

Motrin 800mg, #60: Overturned

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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the MTUS, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. A review of the injured workers medical records reveal chronic moderate pain in multiple joints, including the cervical, thoracic and lumbar spine, shoulders, hands, knees, ankles and feet, the continued use of an NSAID is appropriate, therefore the request for Motrin 800mg, #60 is medically necessary.