

<b>Case Number:</b>	CM15-0203291		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	01/13/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Texas, New York, 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 applicant is a represented 64-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 13, 2013. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy and Fexmid (cyclobenzaprine). The claims administrator referenced an RFA form received on September 8, 2015 and an associated progress note dated August 21, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten progress note, difficult to follow, not entirely legible, seemingly dated April 17, 2015, the applicant reported ongoing complaints of low back pain. The applicant was pending facet blocks. The applicant had undergone earlier left and right shoulder surgery, the treating provider acknowledged. The applicant had a variety of pain generators including neck, mid back, low back, and shoulders, the treating provider reported. Norco and Fexmid were renewed while the applicant was seemingly kept off of work. On an RFA form dated August 21, 2015, Norco, Fexmid, and the 12 sessions of physical therapy at issue were sought. On an associated handwritten progress note of the same date, August 21, 2015, the applicant reported multifocal complaints of neck, low back, bilateral shoulder pain complaints, unchanged from the preceding visit. The applicant was placed off of work, on total temporary disability. Norco and Fexmid were renewed. The attending provider contended that the applicant's medications were beneficial. Preprinted checkboxes were employed. The attending provider stated that the applicant's sitting tolerance was increased as a result of ongoing medication consumption, but did not seemingly elaborate further.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5 MG #60:** 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** No, the request for Fexmid (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed "not recommended." Here, the applicant was, in fact, using a variety of other agents, including Norco. The addition of Fexmid (cyclobenzaprine) to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. The 60-tablet supply of Fexmid (cyclobenzaprine) at issue, in and of itself, moreover, represented treatment in excess of "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**12 Sessions of PT to the Cervical and Lumbar Spine and Bilateral Shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

**Decision rationale:** Similarly, the request for 12 sessions of physical therapy for cervical spine, lumbar spine, and bilateral shoulders was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represented treatment in excess of 9 to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that value of physical therapy increases with a prescription for the same, which "clearly states treatment goals." Here, the fact that the applicant remained off of work, on total temporary disability, coupled with the fact that the applicant remained dependent on opioid agents such as Norco, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Clear treatment goals, going forward, were neither stated nor articulated on the handwritten August 21, 2015 office visit, large portions of which were not altogether legible. The attending provider did not clearly state how (or if) the applicant could stand to gain from further treatment, going forward. Therefore, the request was not medically necessary.