

<b>Case Number:</b>	CM15-0213754		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 42 year old male, who sustained an industrial injury on 11-5-2012. The medical records indicate that the injured worker is undergoing treatment for lumbar herniated disc. According to the progress report dated 9-18-2015, the injured worker presented with complaints of constant lumbar spine pain with radiation into the left leg, associated with numbness and tingling in the left thigh. On a subjective pain scale, he rates his pain 5 out of 10. He reports decreased ability to perform his activities of daily living at 30% normal. He states that the medication helps reduce his symptoms by 70%. The physical examination of the lumbosacral spine reveals tenderness to palpation over the paravertebral musculature with spasm, bilaterally. There is minimal flexion and extension. Decreased sensation is noted in the left thigh. Straight leg raise test produces pain in the lumbar spine, bilaterally. The current medications are Hydrocodone (since at least 6-12-2015) and Xanax. Previous diagnostic studies were not indicated. Treatments to date include medication management, physical therapy, and TENS unit. The records refer to a prior course of physical therapy but do not provide specific dates or results. Work status is described as permanent and stationary. The original utilization review (10-9-2015) had non-certified a request for Hydrocodone 5mg #60, Xanax 1mg #60, and 16 physical therapy sessions to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 2 times a week for 8 weeks, for the lumbar spine:** Upheld

**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:** Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.- Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks-Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)-8-10 visits over 4 weeks-Reflex sympathetic dystrophy (CRPS) (ICD9 337.2):-24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.

**Hydrocodone 5mg #60:** Upheld

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

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

**Decision rationale:** When to Continue Opioids(a) If the patient has returned to work(b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)  
The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication.. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

**Xanax 1mg #60:** Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason the request is not medically necessary.