

Case Number:	CM15-0217953		
Date Assigned:	11/09/2015	Date of Injury:	07/02/2015
Decision Date:	12/21/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/05/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 male, who sustained an industrial injury on 07-02-2015. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for left wrist sprain and pain in left knee. Treatment and diagnostics to date has included use of medications and physical therapy (completed 9 visits for the left hand as of 09-14-2015 with noted "decreasing pain level"). Recent medications have included Cyclobenzaprine, Motrin, Oxycodone-Acetaminophen, Alprazolam, Aspirin, Diphenhydramine, Docusate Sodium, Finasteride, Pravastatin, Senna, and Tadalafil. Subjective data (10-02-2015), included left knee and left hand pain. Objective findings (10-02-2015) included "some swelling" of left hand with tenderness to palpation, "poor" grip strength, and full range of motion and left knee tenderness to palpation with two plus effusion in the right knee joint and positive patellar tilt, patellar grind, Apply's compression, and McMurray's tests. The request for authorization (RFA) dated 10-14-2015 requested Cyclobenzaprine 10mg 1 tablet three times daily as needed #90, Motrin, and Oxycodone-Acetaminophen and RFA dated 10-15-2015 requested physical therapy, 2 times a week for 6 weeks (extension of the hand therapy). The Utilization Review with a decision date of 10-21-2015 non-certified the request for Cyclobenzaprine 10mg #90 and modified the request for physical therapy hand therapy visits x 12 to physical therapy hand therapy visits x 9.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine 10 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are unspecified sprain left wrist; and pain and left knee. Date of injury is July 2, 2015. Request for authorization is October 15, 2015. According to a progress note dated August 22, 2015, the treating provider prescribed Flexeril at that time. The start date is not specified. The documentation indicates physical therapy session #1 was started August 11, 2015. Physical therapy session #9 was completed September 14, 2015. Subjectively the injured worker uses his hands well. There is spasm in the hand. According to an October 2, 2015 new patient evaluation, there are no subjective complaints in the record. Objectively, there is soft tissue swelling with some tenderness to palpation. The treating provider indicates there are no records available for review. Cyclobenzaprine is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. The treating provider prescribes cyclobenzaprine, at a minimum, in excess of eight weeks. The start date is not documented in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, continue treatment in excess of eight weeks (guideline recommendations less than two weeks) and no documentation demonstrating objective functional improvement, cyclobenzaprine 10 mg #90 is not medically necessary.

Physical therapy, hand therapy visits x12 (2x a week for 6 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand (updated 6/29/15).

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) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy, hand therapy visits times 12 (two times per week times six weeks) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are unspecified sprain left wrist; and pain and left knee. Date of injury is July 2, 2015. Request for authorization is October 15, 2015. According to a progress note dated August 22, 2015, the treating provider prescribed Flexeril at that time. The start date is not specified. The documentation indicates physical therapy session #1 was started August 11,

2015. Physical therapy session #9 was completed September 14, 2015. Subjectively the injured worker uses his hands well. There is spasm in the hand. According to an October 2, 2015 new patient evaluation, there are no subjective complaints in the record. Objectively, there is soft tissue swelling with some tenderness to palpation. The treating provider indicates there are no records available for review. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines (nine sessions for sprain strain) is clinically indicated. Based on clinical information in the medical records, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy, hand therapy visits times 12 (two times per week times six weeks) is not medically necessary.