

Case Number:	CM15-0218192		
Date Assigned:	11/10/2015	Date of Injury:	01/26/2015
Decision Date:	12/29/2015	UR Denial Date:	10/08/2015
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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old male who sustained an industrial injury on 1-26-15. A review of the medical records indicates he is undergoing treatment for spinal stenosis, herniated lumbar disc without myelopathy, and lumbar radiculopathy. Medical records (5-15-15, 6-3-15, 7-14-15, 7-28-15, and 9-29-15) indicate ongoing complaints of low back and right leg pain. He reports right low back pain radiating to the right calf with "some" paresthesia in the right leg (5-15-15). He also reports that he has hip pain that radiates from his right hip to his left hip (9-29-15). He reports that his work injury has interfered in his sex life and expresses frustration, as his sex life "has been non-existing since his date of injury". He rates his pain "4-5 out of 10" with medications and "8-10 out of 10" without medications. The physical exam (9-29-15) reveals diminished range of motion of the lumbar spine. Pain is noted with range of motion. The straight leg raise test is positive on the right at 60 degrees. Slump test is positive on the right. Patrick tests is positive bilaterally. Sensation is "abnormal" in L3-S1 right dermatomes. Motor strength is "4 out of 5" in right ankle dorsiflexion, right knee extension, and bilateral hip abduction. Tenderness to palpation is noted over the facet joints. Diagnostic studies have included urine drug screening on 7-14-15 - indicating "negative" results for all drugs tested, an MRI of the lumbar spine, x-rays of the lumbar spine, and an EMG-NCV study of bilateral lower extremities. Treatment has included 24 sessions of chiropractic treatment, at least "more than 5 sessions" of physical therapy, and medications. His medications include Tramadol (since at least 5-15-15), Gabapentin, and Flexeril (since at least 5-15-15). He is not working (7-14-15). Treatment recommendations include continuation of medications and start physical therapy to

include Class 4 Laser therapy. The treating provider indicates that previous physical therapy was "unsuccessful" and consisted of "more than 5 sessions" (9-29-15). The utilization review (10-8-15) includes requests for authorization of Tramadol 50mg #90, Flexeril 10mg #30, and physical therapy 12 sessions to lumbar spine, Class 4 laser therapy. All requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL (hydrochloride) 50mg, #90: Upheld

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

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

Decision rationale: The records indicate the patient has complaints of skin irritation in the ocular region, and bilateral buttocks, along with weakness in the left leg. The current request is for Tramadol HCL 50mg, #90. As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is documentation of pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. Furthermore, the CA MTUS does not support long-term use of Opioid medication for low back pain. A recent request for Tramadol dated 9/13/15 was non-certified due to long-term use and lack of documented functional benefit. As such, the current request is not medically necessary.

Flexeril 10mg, #30: Upheld

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

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

Decision rationale: The records indicate the patient has complaints of skin irritation in the ocular region, and bilateral buttocks, along with weakness in the left leg. The current request is for Flexeril 10mg, #30. The CA MTUS has this to say regarding muscle relaxants: Recommend

non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Most guidelines do not support the use of Flexeril beyond three weeks. In this case, the records would indicate the patient has been using Flexeril for extended periods and was non-certified back on June 15, 2015. The current request for Flexeril is not supported by the available medical records and is not consistent with MTUS guidelines. As such, the request is not medically necessary.

Physical therapy to the lumbar spine, 12 sessions (class 4 laser therapy): 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): Low-Level Laser Therapy (LLLT), Physical Medicine.

Decision rationale: The records indicate the patient has complaints of skin irritation in the ocular region, and bilateral buttocks, along with weakness in the left leg. The current request is for Physical therapy to the lumbar spine, 12 sessions class 4 laser. The MTUS has this to say regarding Laser therapy: Not recommended. There has been interest in using low-level lasers as a conservative alternative to treat pain. Low-level lasers, also known as "cold lasers" and non-thermal lasers, refer to the use of red-beam or near-infrared lasers with a wavelength between 600 and 1000 nm and wattage from 5-500 milliwatts. (In contrast, lasers used in surgery typically use 300 Watts.) When applied to the skin, these lasers produce no sensation and do not burn the skin. Because of the low absorption by human skin, it is hypothesized that the laser light can penetrate deeply into the tissues where it has a photobiostimulative effect. One low-level laser device, the MicroLight 830 Laser, has received clearance for marketing from the U.S. Food and Drug Administration (FDA) specifically for the treatment of carpal tunnel syndrome. Other protocols have used low-level laser energy applied to acupuncture points on the fingers and hand. This technique may be referred to as "laser acupuncture." The CA MTUS does recommend physical therapy for low back pain as an option. 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. In this case, the patient is in the chronic stage of her condition. The attending physician makes no mention of an acute exacerbation. Records indicate the patient has already completed a course of physical therapy. The available records offer no discussion of the

functional benefit received from previous physical therapy or the number of sessions. The current request exceeds MTUS guidelines without any discussion of extraordinary circumstances which would justify exceeding MTUS guidelines. Furthermore, the 9/29/15 progress report indicates that previous physical therapy was attempted and was unsuccessful. With respect to class 4 laser, the CA MTUS does not recommend LLLT. As such, the request is not appropriate and not medically necessary.