

Case Number:	CM15-0032960		
Date Assigned:	02/26/2015	Date of Injury:	10/31/2011
Decision Date:	04/08/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/23/2015

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: Pennsylvania
 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 49 year old male with a date of injury of 10/31/11. Diagnoses include lumbar disc disease, lumbar sprain/strain, right lumbar radiculitis. Prior treatment has included physical therapy, transcutaneous electrical nerve stimulation (TENS), back brace, and medications. Work status has been modified duty with restrictions since July 2013. It was noted that he attended approximately 22 sessions of physical therapy. At a visit on 9/10/14, the injured worker reported constant low back pain. Examination showed decreased lumbar range of motion, positive straight leg raise bilaterally, and tenderness over the lumbar paravertebral muscles and bilateral sacroiliac joints. On 11/5/14, the primary treating physician documented that the injured worker is permanent and stationary/at maximum medical improvement. As of 1/14/15, examination was unchanged and work status remained modified work with restrictions. Medications have included tramadol, menthoderm ointment, flexeril, and omeprazole. On 2/2/15, Utilization Review (UR) non-certified requests for range of motion, functional capacity evaluation/P&S paperwork, menthoderm ointment, omeprazole 20 mg, and flexeril 7.5 mg, citing the MTUS, ACOEM, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion: 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), Low Back Chapter, Flexibility.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): p. 98-99.

Decision rationale: The treating physician did not elaborate on the request for range of motion; this is presumed to represent a form of physical therapy with range of motion exercises. The MTUS notes that active therapy rather than passive therapy is preferred. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The request for range of motion is not sufficiently specific, as no body part was specified, and does not adequately focus on functional improvement as no functional goals were discussed. Per the MTUS, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of physical medicine visits is 10, with progression to home exercise program. The treating physician has not stated a purpose for the current range of motion prescription. The injured worker has already completed at least 22 sessions of physical therapy. This number of sessions requested exceeds the quantity recommended in the MTUS. The treating physician has not provided reasons why the injured worker requires an additional course of physical therapy after completion of a course that was substantially longer than that recommended in the cited guidelines. There was no documentation of functional improvement as a result of the physical therapy already completed. There has been no documentation of reduction in work restrictions, decrease in medication use, or decrease in frequency of office visits; activities of daily living were not discussed. The MTUS states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker should be able to transition to a home exercise program after the physical therapy already completed. There is no documentation to support that additional therapy for range of motion exercises would be required for rather than the use of a home exercise program. Due to lack of sufficiently specific prescription and lack of indication, the request for range of motion is not medically necessary.

FCE's (functional capacity evaluation), P&S paperwork: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations and on the Non-MTUS Official Disability Guidelines (ODG), Fitness for Duty Chapter, functional capacity evaluations (FCE) chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) fitness for duty chapter: functional capacity evaluation.

Decision rationale: Per the ODG, functional capacity evaluation (FCE) is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. FCE is not recommended for routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The documentation did not indicate that admission to a work hardening program was anticipated. The determination of permanent and stationary status and completion of paperwork for this is not contingent on a functional capacity evaluation. The primary treating physician has already documented on 11/5/14 that the injured worker is permanent and stationary and at maximal medical improvement. Due to lack of indication, the request for FCE's (functional capacity evaluation), P&S paperwork is not medically necessary.

Menthoderm ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation website, www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): p. 111-113. Decision based on Non-MTUS Citation Up to date: camphor and menthol: drug information. In Up To Date, edited by Ted. W. Post, published by Up To Date in Waltham, MA, 2015.

Decision rationale: Menthoderm contains methyl salicylate and menthol. Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Topical salicylates are recommended for use for chronic pain and have been found to be significantly better than placebo in chronic pain. The MTUS and ODG are silent with regard to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. There is no documentation that the injured worker has had a trial of antidepressants and anticonvulsants. The MTUS and ODG do not address menthol but there is no indication for the use of this medication. The site of application, amount and duration of use was not specified. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. For these reasons, the request for menthoderm ointment is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS states that co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of

peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. There was no mention of GI signs or symptoms. No abdominal examination was documented. The documentation does not indicate that the injured worker has been prescribed any oral NSAIDS, and no risk factors as noted above were discussed. Due to lack of indication, the request for omeprazole is not medically necessary.

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42, muscle relaxants p. 63-66 Page(s): p. 41-42, 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. Flexeril has been prescribed for at least 4 months. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. There has been no documentation of reduction in work restrictions, decrease in medication use, or decrease in frequency of office visits; activities of daily living were not discussed. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, fexmid) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. Limited, mixed evidence does not allow for a recommendation for chronic use. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to duration of use in excess of the guidelines, the request for flexeril is not medically necessary.