

<b>Case Number:</b>	CM15-0034919		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 28-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 16, 2013. In a Utilization Review Report dated January 22, 2015, the claims administrator failed to approve requests for 16 sessions of aquatic therapy, naproxen, Flexeril, and Pamelor. The claims administrator referenced progress notes of December 3, 2014 and October 2, 2014 in its determination. The applicant's attorney subsequently appealed. In a progress note dated December 10, 2014, in one section of the note, January 14, 2015 in another section of the note, and January 31, 2015 in a third section of the note, the applicant reported ongoing complaints of low back pain radiating into the right leg, 6/10. The applicant had had negative electrodiagnostic testing of September 29, 2014, it is incidentally noted. The applicant was asked to pursue aquatic therapy. The applicant's gait was not described. Naproxen, Flexeril, and Pamelor were renewed. The applicant was given a 30-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On October 8, 2014, naproxen, Flexeril, and Pamelor were again renewed. The applicant was given a 30-pound lifting limitation. Once again, it was not clearly stated whether the applicant was or was not working with said limitation in place. The applicant's gait was not described. The applicant continued to exhibit 5/5 lower extremity strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 aquatic therapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22; 99.

**Decision rationale:** The request for 16 sessions of aquatic therapy was not medically necessary, medically appropriate, or indicated here. The 16-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the diagnosis reportedly present here. Furthermore, while page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, the attending provider's documentation did not clearly establish that reduced weight bearing was, in fact, desirable. The applicant's gait and ambulatory status were not clearly described or clearly characterized on multiple office visits throughout late 2014 and/or early 2015, referenced above. Therefore, the request was not medically necessary.

**Naproxen Sodium 550mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** Similarly, the request for naproxen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant's work status was not clearly detailed. It did not appear that the applicant was working following imposition of a 30-pound lifting limitation. The attending provider failed to outline any material or meaningful improvements in function or quantifiable decrements in pain effected as a result of ongoing naproxen usage. Therefore, the request was not medically necessary.

**Cyclobenzaprine 10mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Similarly, the request for cyclobenzaprine (Flexeril) was likewise 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 not recommended. Here, the applicant was/is using a variety of other agents, including naproxen and Pamelor. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 30-tablet renewal supply of cyclobenzaprine at issue represents treatment in excess of the "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.

**Nortriptyline 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** Finally, the request for nortriptyline (Pamelor), an atypical antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tricyclic antidepressants such as nortriptyline are considered first-line agents for neuropathic pain, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant did not appear to be working following imposition of a rather proscriptive 30-pound lifting limitation. The attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing nortriptyline (Pamelor) usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing nortriptyline (Pamelor) usage. Therefore, the request was not medically necessary.