

<b>Case Number:</b>	CM15-0043634		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	08/27/2000
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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

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 59-year-old female who reported injury on 08/27/2000. The mechanism of injury was not provided. Prior therapies included 6 sessions of physical therapy. There was a Request for Authorization submitted for review dated 02/25/2015. The documentation of 02/24/2015 revealed the injured worker had worsening pain in her neck and low back. The injured worker was noted to have a flare-up of pain since 08/2014 or 09/2014. The injured worker was noted to trial home remedies like stretching and exercising without prolonged benefit. The injured worker's pain was constant and aching in character. The pain level was 6/10 to 7/10 without medications and with medications the pain was 3/10 to 4/10. The objective findings revealed the injured worker had a left scapula higher than the right scapula, and the upper and lower extremity range of motion was mostly "normal." The neck range of motion was flexion to 30 degrees, and extension of 20 degrees with pain. The injured worker had tight and taut bands of muscle in the right cervical and scapular muscles. The back range of motion was 90 degrees of flexion and 20 degrees of extension with pain. The injured worker had tenderness over the lumbar paraspinals including the musculature. The diagnoses included lumbago, pain in joint of hand, myalgia and myositis unspecified. The request was made for physical therapy x12 visits for prolonged exacerbation of neck and low back pain, a continuation of Topamax 150 mg 1 by mouth twice a day for pain, and continuation of Flexeril 10 mg 1 by mouth every 12 hours for spasms, and a continuation of Ultram 50 mg 1 every 6 hours for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for up to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously attended therapy. There is a lack of documentation of objective functional benefit and documentation of remaining objective functional deficits. The request as submitted failed to indicate the body part to be treated with therapy. Given the above, the request for physical therapy x12 is not medically necessary.

**Topamax 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. There was documentation of an objective decrease in pain of at least 30% to 50%, and there was a lack of documentation. The duration of these could not be established. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Topamax 150 mg #60 is not medically necessary.

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low

back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. There is a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 10 mg #60 is not medically necessary.