

Case Number:	CM15-0043965		
Date Assigned:	03/13/2015	Date of Injury:	12/13/2014
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	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: New York
 Certification(s)/Specialty: Emergency 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 38-year-old female who sustained an industrial injury on December 13, 2014. She reported intense low back pain and weakness in her legs. The injured worker was diagnosed as having lumbar strain/low back pain, lumbar spondylosis, and bilateral lower extremity radiculitis and paresthesias. Treatment to date has included x-rays, MRI, urine drug screening, work modifications, chiropractic therapy, and medications including pain and muscle relaxants. On February 16, 2015, the injured worker complained of low back pain with numbness and tingling up and down the spine and leg. She is taking pain and muscle relaxant medications. The physical exam revealed a normal gait pattern, no increased back pain with heel and toe walking, and no tenderness or spasm bilaterally from lumbar 1 to the sacrum. There was restricted lumbar range of motion, negative straight leg raise with hamstring tightness, intact sensation in all dermatomes and normal muscle strength of the bilateral lower extremities. The examiner documented diminished but symmetrical deep tendon reflexes with negative Babinski sign and Hoffman signs. The treatment plan includes aquatic therapy and to continue her current medications. On February 20, 2015, utilization review noncertified a request for Flexeril, modified requests for aquatic physical therapy, Ultram, and Norco. Additionally, a request for Celebrex was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy (PT) lumbar Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, physical medicine Page(s): 22-23, 98-99.

Decision rationale: CA MTUS chronic pain guidelines for aquatic therapy and manual therapy and manipulation are used in support of this decision. It is assumed this request is for first time aquatic therapy evaluation and treatment. Documentation does support the IW has had unspecified chiropractor treatments, not aquatic treatments. According to referenced guidelines, manual therapies are recommended for musculoskeletal conditions. The IW is noted to have an increased BMI. Aquatic therapy may be a valuable form of exercise to help reduce weight bearing. A trial of 6 visits over 2 weeks with evidence of functional improvements is the baseline recommendation for manual therapies. The request for 2 visits of aquatic therapy is certified, therefore this is not medically necessary.

Flexeril 10mg Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to CA MTUS, cyclobenzaprine is recommended as an option for short course of therapy. Effect is noted to be modest and is greatest in the first 4 days of treatment. The IW has been receiving this prescription for a minimum of 6 months according to submitted records. This greatly exceeds the recommended timeframe of treatment. In addition, the request does not include dosing frequency or duration. The IW's response to this medication is not discussed in the documentation. The request is not medically necessary.

Ultram 50mg Qty: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 82-83.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of opiate pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Tramadol is recommended for the treatment of moderate to severe pain. It is not recommended as a first line agent for treatment. The chart materials do not include the IW's response to each prescribed medication. There is no discussion of the IW

functional status in relation to the different medications. It is unclear how long the IW has been taking Tramadol. The chart does not include urine drug screens. The request does not including dosing and frequency. With the absence of this supporting documentation, the request for Tramadol is not medically necessary.

Norco 5mg Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81, 86.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record. The request for Norco is not medically necessary.