

<b>Case Number:</b>	CM15-0055369		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	10/16/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: 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:

This 35 year old male sustained an industrial injury after a fall on 10/16/14 with pain all over his body. Previous treatment included x-rays, computed tomography, electromyography, injections, physical therapy, chiropractic therapy, ice, heat, home exercise and medications. In a PR-2 dated 1/28/15, the injured worker reported that his pain was improving slowly due to home exercise. The injured worker complained of pain 6-7/10 on the visual analog scale to the upper and mid back, left knee, left ankle and left shoulder with radiation down to the elbow as well as intermittent right shoulder pain. The injured worker reported feeling as if there was a knot in the left side of his mid back and feeling as if the area was swollen. Current diagnoses included rule out cervical spine, thoracic spine and lumbar spine herniated nucleus pulposus and cervical spine and lumbar spine radiculopathy. The treatment plan included magnetic resonance imaging lumbar spine, consultations with orthopedics and podiatry, additional chiropractic therapy twice a week for four weeks and continuing Ultracet and a trial of Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient general orthopedic consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7 - Consultations (pages 503-524).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** The patient presents with pain 6-7/10 on the visual analog scale to the upper and mid back, left knee, left foot and ankle and left shoulder pain with radiation down to the elbow as well as intermittent right shoulder pain. The request is for an OUTPATIENT GENERAL ORTHOPEDIC CONSULTATION. The RFA provided and dated 01/28/15 and the date of injury is 10/16/14. Per 01/28/15 report, the patient has a diagnoses of rule out cervical spine, thoracic spine and lumbar spine herniated nucleus pulposus and cervical spine and lumbar spine radiculopathy. Physical examination to the lumbar spine revealed decreased range of motion, especially on flexion, 35 degrees and extension, 15 degrees. Upper extremity sensation is decreased to the left L5 dermatome and lower extremity sensation is decreased to the L3 and L4 dermatomes. Straight leg raise test is positive on the left. Prior treatment included x-rays, computed tomography, electromyography, injections, physical therapy, chiropractic therapy, ice, heat, home exercise and medications. The patient is temporarily partially disabled, per 01/28/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the patient suffers from chronic and severe pain in the back, left knee, left ankle, and bilateral shoulders. Per progress report dated 01/28/15, treater states, "I request ongoing orthopedic follow-ups with [REDACTED]." However Given the patient's chronic pain that remain in spite of medications and conservative therapies, an orthopedic consultation may contribute to improved management of symptoms. Therefore, the request IS medically necessary.

**Podiatrist Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7 - Consultations (pages 503-524).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** The patient presents with pain 6-7/10 on the visual analog scale to the upper and mid back, left knee, left foot and ankle and left shoulder pain with radiation down to the elbow as well as intermittent right shoulder pain. The request is for an PODIATRIST CONSULTATION. The RFA provided and dated 01/28/15 and the date of injury is 10/16/14. Per 01/28/15 report, the patient has a diagnoses of rule out cervical spine, thoracic spine and

lumbar spine herniated nucleus pulposus and cervical spine and lumbar spine radiculopathy. Physical examination to the left foot and ankle revealed tenderness to palpation with increased tenderness along the course of the achillies tendon, but inparticular with lateral compression of the retrocalcaneal bursa. Straight leg raise test is positive on the left. Prior treatment included x-rays, computed tomography, electromyography, injections, physical therapy, chiropractic therapy, ice, heat, home exercise and medications. The patient is temporarily partially disabled, per 01/28/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In regard to the request for follow up consultation with a podiatrist, the referral appears reasonable. The patient suffers from chronic pain in the left foot and ankle. Per progress report dated 01/28/15, treater states, "I request ongoing podiatry follow ups with [REDACTED]." This patient's foot symptoms could benefit from additional specialist treatment and such consultations are supported by guidelines at the treater's discretion. Therefore, the request IS medically necessary.

**Cyclobenzaprine 7.5mg quantity 60:** 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 muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with pain 6-7/10 on the visual analog scale to the upper and mid back, left knee, left ankle and left shoulder with radiation down to the elbow as well as intermittent right shoulder pain. The request is for CYCLOBENZAPRINE 7.5MG QUANTITY 60. The RFA provided and dated 01/28/15 and the date of injury is 10/16/14. Per 01/28/15 report, the patient has a diagnoses of rule out cervical spine, thoracic spine and lumbar spine herniated nucleus pulposus and cervical spine and lumbar spine radiculopathy. Current medications include Cyclobenzaprine and Ultracet. The patient is temporarily partially disabled, per 01/28/15 report. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The treater has not provided a reason for the request. Cyclobenzaprine was included in treater reports dated 11/25/14 and 01/28/15. MTUS Guidelines do not recommend the use of Cyclobenzaprine for longer than 2-3 weeks. The patient has been taking Cyclobenzaprine at least since 11/25/14, which exceeds the 2-3 weeks recommended by MTUS Guidelines. Therefore, the requested Cyclobenzaprine IS NOT medically necessary.