

Case Number:	CM15-0081254		
Date Assigned:	05/01/2015	Date of Injury:	03/04/2008
Decision Date:	06/30/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/28/2015

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 male, who sustained an industrial injury on March 4, 2008. He was diagnosed with lumbar disc disease. Treatment included physical therapy, home exercise program, anti-inflammatory drugs, pain medications, muscle relaxants and a lumbar laminectomy. Currently, the injured worker complained of persistent increased back pain. The treatment plan that was requested for authorization included prescriptions for Cyclobenzaprine and Norco and one exercise ball and exercise mat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg tablet take 1 tablet by mouth twice a day as needed #20 with one refill qty: 40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (<http://odg-twc.com/odgtwc/pain.htm>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The 59-year-old patient complains of chronic low back pain, and has been diagnosed with displacement of lumbar intervertebral disc, degeneration of lumbar intervertebral disc, and lumbar postlaminectomy syndrome, as per progress report dated 04/08/15. The request is for Cyclobenzaprine 10mg tablet take 1 tablet by mouth twice a day as needed #20 refills: X1. The RFA for the case is dated 04/08/15, and the patient's date of injury is 03/04/08. Medications, as per progress report dated 04/08/15, included Colace, Cyclobenzaprine, Gabapentin, Ibuprofen and Norco. The patient is status post back surgery in 2010, and also complains of depression and sleep disturbances. The patient is not working, as per the same progress 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." In this case, a prescription for Cyclobenzaprine is first noted in progress report dated 10/08/14, and the patient has been taking the medication consistently at least since then. In the most recent report available for review, dated 04/08/15, the treater states that medications help reduce the pain by 50% without any side effects. The treater also states that the patient had "reduced his Flexeril quantity to 20 last month and reports increased pain but will continue this dose/ quantity." Nonetheless, MTUS does not support long-term use of muscle relaxants such as Cyclobenzaprine. Hence, the request is not medically necessary.

Norco 10/325mg take 1 tab po in the am, 1 in the afternoon, 2 qhs 30 day supply #120:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The 59-year-old patient complains of chronic low back pain, and has been diagnosed with displacement of lumbar intervertebral disc, degeneration of lumbar intervertebral disc, and lumbar postlaminectomy syndrome, as per progress report dated 04/08/15. The request is for Norco 10/325mg take 1 tab po in the am, 1 in the afternoon, 2 qhs 30 day supply #120 refills: 0. The RFA for the case is dated 04/08/15, and the patient's date of injury is 03/04/08. Medications, as per progress report dated 04/08/15, included Colace, Cyclobenzaprine, Gabapentin, Ibuprofen and Norco. The patient is status post back surgery in 2010, and also complains of depression and sleep disturbances. The patient is not working, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after

taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Norco is first noted in progress report dated 10/08/14, and the patient has been taking the medication consistently at least since then. In the most recent report available for review, dated 04/08/15, the treater states that medications help reduce the pain by 50% without any side effects. The treater also states that the patient "expressed a desire to taper off Norco but states that he cannot get out of bed without this medication." The treater, therefore, believes that the patient is not ready for change at this point. The physician, however, does not provide specific examples that demonstrate an improvement in function. No CURES and UDS reports are available for review. There is no discussion regarding side effects of Norco as well. MTUS guidelines require a clear discussion regarding the 4A's, including analgesia, ADL's, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request is not medically necessary.

Exercise ball qty: 1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, chapter 'Low Back thoracic & lumbar (acute and chronic)', and topic Exercise, Chapter Knee & Leg and Title DME.

Decision rationale: The 59-year-old patient complains of chronic low back pain, and has been diagnosed with displacement of lumbar intervertebral disc, degeneration of lumbar intervertebral disc, and lumbar postlaminectomy syndrome, as per progress report dated 04/08/15. The request is for exercise ball qty: 1. The RFA for the case is dated 04/08/15, and the patient's date of injury is 03/04/08. Medications, as per progress report dated 04/08/15, included Colace, Cyclo-benzaprine, Gabapentin, Ibuprofen and Norco. The patient is status post back surgery in 2010, and also complains of depression and sleep disturbances. The patient is not working, as per the same progress report. ODG guidelines, chapter 'Low Back thoracic & lumbar (acute and chronic)', and topic 'Exercise', states that exercise is "Recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain." Regarding DME, ODG guidelines, Chapter Knee & Leg and Title DME, states that "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005)" DME is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." In this case, the patient is already on a home exercise regimen and is also receiving FRP Grad services, as per progress report dated 04/08/15. As per progress report dated 11/20/14, the patient is practicing breathing and relaxation exercises and also walks and rides a bike for exercise at the gym. In the 04/08/15 report, the treater states that the patient "ambulates poorly without cane; shoulder elevated on the right; slow gait." The physician, therefore, recommends the therapist "to assist him with this transition and teach him better body mechanics." The request for the exercise ball is possibly related to this request. ODG guidelines also support home exercises for improving function and it is reasonable to assume that the exercise ball will help with this. Hence, the request is medically necessary.

Exercise mat: qty: 1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, chapter 'Low Back thoracic & lumbar (acute and chronic)', and topic Exercise, Chapter Knee & Leg and Title DME.

Decision rationale: The 59-year-old patient complains of chronic low back pain, and has been diagnosed with displacement of lumbar intervertebral disc, degeneration of lumbar intervertebral disc, and lumbar postlaminectomy syndrome, as per progress report dated 04/08/15. The request is for exercise mat qty: 1. The RFA for the case is dated 04/08/15, and the patient's date of injury is 03/04/08. Medications, as per progress report dated 04/08/15, included Colace, Cyclo-benzaprine, Gabapentin, Ibuprofen and Norco. The patient is status post back surgery in 2010, and also complains of depression and sleep disturbances. The patient is not working, as per the same progress report. ODG guidelines, chapter 'Low Back thoracic & lumbar (acute and chronic)', and topic 'Exercise', states that exercise is "Recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain." Regarding DME, ODG guidelines, Chapter Knee & Leg and Title DME, states that "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005)" DME is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." "In this case, the patient is already on a home exercise regimen and is also receiving FRP Grad services, as per progress report dated 04/08/15. As per progress report dated 11/20/14, the patient practices breathing and relaxation exercises and also walks and rides a bike for exercise at the gym. In the 04/08/15 report, the treater states that the patient "ambulates poorly without cane; shoulder elevated on the right; slow gait." The physician, therefore, recommends the therapist "to assist him with this transition and teach him better body mechanics." The request for the exercise mat is possibly related to this request. ODG guidelines also support home exercises for improving function and it is reasonable to assume that the exercise mat will help with this. Hence, the request is medically necessary.