

Case Number:	CM15-0089976		
Date Assigned:	05/14/2015	Date of Injury:	08/22/2000
Decision Date:	06/16/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 8/22/00. The diagnoses have included cervical neck pain, cervical radiculopathy, lumbago, muscle weakness, failed back surgery syndrome, chronic pain syndrome, lumbar stenosis with facet arthropathy, and lower extremity radiculitis. Treatment to date has included medications, diagnostics, and surgery, physical therapy, home exercise program (HEP), and activity modifications. Currently, as per the physician progress note dated 4/15/15, the injured worker complains of constant neck pain with radiation to the bilateral upper extremities with associated numbness and tingling. He also complains of constant low back pain with radiation to the bilateral lower extremities and constant right shoulder pain with radiation to the right upper extremity with associated numbness and tingling sensation. He also reports discomfort in the groin area and the ribs from the spinal cord stimulator. He reports symptoms of anxiety, depression, stress and insomnia. He reports that the pain is unchanged since the last visit and rates the pain 6-7/10 on pain scale. The review of systems reveals that he reports difficulty swallowing, constipation, diarrhea, bloody stools, frequency, blurred vision, palpitations, skin changes, nervousness, anxiety and depression. The physical exam of the lumbar spine reveals positive straight leg raise test with paraspinal spasms and tenderness. The current medications included Norco and Flexeril, which provide 60 percent relief of pain, and increase in activities of daily living (ADL). The urine drug screen dated 3/4/15 was consistent with medications prescribed. There was no other diagnostic testing noted in the records. The previous therapy sessions were included in the records. The physician requested treatment included Physical Therapy 18 sessions, Norco 10/325mg, #90, and Flexeril 10mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 18 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified. 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS). 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant had completed over 13 sessions of therapy in the past. Consequently, additional therapy 18 sessions exceed the guidelines limits and are not medically necessary.

Norco 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months with minimal reduction in pain (from 6/10 to 5/10). There was no mention of Tylenol or reduced dose failure. Continued use of Norco is not medically necessary.

Flexeril 10mg, #90: 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 Flexeril
Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with Norco with minimal reduction in pain. Continued and chronic use of Flexeril is not medically necessary.