

<b>Case Number:</b>	CM14-0147323		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53 years old female with an injury date on 04/07/2014. Based on the 08/13/2014 progress report provided by [REDACTED], the diagnoses are: 1. Low back pain, radiculitis 2. Shoulder tendonitis 3. Internal derangement of knees According to this report, the patient complains of lower back pain with intermittent numbness in both legs. The patient "is doing physiotherapy 2 times a week and its helping." Lumbar range of motion is slightly restricted in flexion and extension. Ranges of motion of the bilateral shoulder are also restricted. The 07/28/2014 physical therapy initial examination report indicated patient's current pain level is an 8/10. Sitting, standing, walking, stair up, stair down, bending, overhead activities, and wash hair would aggravate the symptoms. There is tenderness with increased tissue tension at the cervical paraspinals and left trapezius muscle. Painful to deep palpation was noted at the bilateral quadrates, left rotator cuff muscles and bilateral piriformis muscles. There were no other significant findings noted on this report. The utilization review denied the request on 08/29/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/04/2014 to 09/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 wk x 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6, Pain, Suffering, and the Restoration of Function, page 114; and the Official Disability Guidelines (ODG), Low Back, and Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**Decision rationale:** According to the 08/13/2014 report by [REDACTED] this patient presents with lower back pain with intermittent numbness in both legs. The treater is requesting Physical Therapy 2 wk 6. The utilization review denial letter states "There is documentation of PT x 12, which exceeds PT guidelines." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show the patient "is doing physiotherapy 2 times a week and its helping." An initial physical therapy exam was performed on 07/28/2014; however the number of sessions completed and its time-frame is unknown. There were no therapy reports and no discussion regarding the patient's progress. The treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. The request is not medically necessary.

**Topical Transdermal Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the 08/13/2014 report by [REDACTED] this patient presents with lower back pain with intermittent numbness in both legs. The treater is requesting Topical Transdermal Cream. The utilization review denial letter states "There is no documentation of which specific medication is being requested." Regarding topical creams in general, MTUS states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." "Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents." In this case, without knowing the specific contents of the cream requested, one cannot make the appropriate recommendation. The request is not medically necessary.

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPI)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** According to the 08/13/2014 report by [REDACTED] this patient presents with lower back pain with intermittent numbness in both legs. The treater is requesting Omeprazole 20mg #30. Omeprazole was first mentioned in the 08/13/2014 report. The MTUS Guidelines state Omeprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of reports do not show that the patient has gastrointestinal side effects with medication use. The patient is currently on Naprosyn. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. The request is not medically necessary.

**Flexeril 5mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

**Decision rationale:** According to the 08/13/2014 report by [REDACTED] this patient presents with lower back pain with intermittent numbness in both legs. The treater is requesting Flexeril 5mg #30. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Flexeril #30; it is unknown exactly when the patient initially started taking this medication. The treater does not mention that this is for a short-term use. Therefore, the request is not medically necessary.