

Case Number:	CM14-0171454		
Date Assigned:	10/23/2014	Date of Injury:	07/17/2014
Decision Date:	11/25/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/16/2014

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 Family Medicine and is licensed to practice in Arizona. 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 37 year old male with a date of injury on 7/17/2014. Subjective complaints are of pain in the cervical, thoracic, and lumbar spine. Pain was rated as 7/10. Medications include Hydrocodone and Cyclobenzaprine. Medications are noted to decrease pain by 60%. Physical exam showed thoracolumbar tenderness, spasm, and decreased range of motion. The diagnosis is of lumbosacral spine musculoligamentous sprain. The medical records were reviewed. Submitted records indicate that the patient has been attending physical therapy which has been helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate that the use of Cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse affects. This patient had been using a muscle relaxant chronically which is longer than the recommended course of therapy of 2-3 weeks. Due

to clear guidelines suggesting Cyclobenzaprine as short term therapy and no clear benefit from adding this medication the requested prescription for Cyclobenzaprine is not medically necessary.

Hydrocodone/Acetaminophen 2.5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. The California MTUS Chronic Pain Medical Treatment Guidelines, has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including urine drug screens, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

X-ray study for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: ACOEM guidelines state that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. For this patient, red flag symptoms are not present. Therefore, the medical necessity for a lumbar spine x-ray is not established at this time.

Physical Therapy to lumbar spine 2 times per week for 8 weeks, for a total of 16 treatments: 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 Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy

Decision rationale: The Official Disability Guidelines and California MTUS recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. The Official Disability Guidelines recommends 9 visits over 8 weeks for low back pain. Submitted records do identify prior physical therapy, but does not identify the quantity. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial at this point in the patient's treatment. Therefore, the request for 16 physical therapy sessions is not medically necessary at this time.