

Case Number:	CM13-0069284		
Date Assigned:	01/03/2014	Date of Injury:	11/21/1977
Decision Date:	10/15/2015	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/20/2013

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and mid back pain with derivative complaints of psychological stress reportedly associated with an industrial injury of November 21, 1977. In a Utilization Review report dated December 10, 2013, the claims administrator failed to approve requests for Flexeril and urinalysis while partially approving a request for 12 sessions of physical therapy as 3 sessions of the same. The claims administrator referenced an RFA form dated December 3, 2013 and an associated progress note of November 7, 2013 in its determination. The applicant's attorney subsequently appealed. On November 7, 2013, the applicant was described as off of work, on total temporary disability, owing to multifocal complaints of bilateral shoulder, bilateral arm, bilateral elbow, bilateral wrist, bilateral hand, low back, neck, knee, and foot pain, at age 56. The applicant had been off of work for at least 2 months, it was reported. The applicant had a history of coronary artery disease status post myocardial infarction, it was reported. Multifocal complaints of neck, shoulder, arm, elbow, wrist, hand, low back, knee, and foot pain were reported, with associated headaches. The applicant had developed issues with depression, anxiety, and psychological stress, it was reported. The applicant had sustained a heart attack several years prior, in 2006, it was reported. The applicant's medications included Levoxyl, Coreg, aspirin, Zocor, Pamelor, Desyrel, and Tylenol, it was reported. Drug testing was endorsed. It was not clearly stated when the applicant was last tested. Flexeril was endorsed. Twelve additional sessions of physical therapy were sought. The attending provider acknowledged that the applicant had received six recent treatments through a previous provider. Sixty tablets of Flexeril were dispensed, it was stated toward the bottom of the note. The applicant was, once again, placed off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine HCL) 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other analgesic and adjuvant medications to include Pamelor, Desyrel, Tylenol, etc., it was acknowledged on November 7, 2013. The applicant was also using a variety of other agents for other purposes, including Levoxyl, Coreg, aspirin, and Zocor, it was acknowledged. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. The 60-tablet supply of Flexeril at issue, furthermore, represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend using drug testing as an option in the chronic pain population to assess for the presence or absence of illicit drugs, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, clearly state what drug tests and/or drug panels he intend to test for, identify when an applicant was last tested, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not clearly state when the applicant was last tested. The attending provider did not state whether the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would be indicated. The attending provider neither signaled his intention to eschew confirmatory and/or

quantitative testing nor signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request was not medically necessary.

Twelve (12) sessions of physical therapy for the cervical & lumbar spine 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Introduction.

Decision rationale: Finally, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy at issue, in and of itself, represents treatment in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the attending provider acknowledged on November 12, 2013 that the applicant had completed 6 weeks of physical therapy treatments through another provider. The applicant had, however, failed to improve from the same. The applicant remained off work, on total temporary disability, it was reported on November 7, 2013. The applicant remained dependent on a variety of analgesic and adjuvant medications to include Tylenol, Flexeril, Desyrel, Pamelor, etc., it was acknowledged on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of 6 weeks of physical therapy treatments on or around the date of the request, November 7, 2013. Therefore, the request for 12 additional sessions of physical therapy was not medically necessary.