

Case Number:	CM14-0210990		
Date Assigned:	12/23/2014	Date of Injury:	04/02/2003
Decision Date:	02/19/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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 & Rehabn

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 51 year old female with an injury date of 04/02/03. Based on the 11/21/14 progress report provided by treating physician, the patient complains of neck and arm pain rated 5/10, headache, and back and leg pain (unrated). Patient is status post C5-C7 anterior fusion with reversal of lordosis. Physical examination dated 11/21/14 revealed tenderness to palpation to C4-C5 and C7-T1 paraspinal muscles, trigger points in the paraspinal and scapular muscles. Range of motion was painful on extension and rotation, positive Spurling's test and weakness noted in the left wrist on extension. The patient is currently prescribed Flexeril, Testosterone Gel, Estradiol, Tumeric, Amitryptiline, Hydrocodone, and Cyclobenzaprine. Diagnostic imaging included MRI completed 05/23/14, significant findings include: "C3-C4: Disc is desiccated. There is a mild bulge. There is a mild broad left paracentral protrusion similar to previous exam. There is a mild central and left lateral recess stenosis... T1-T2: The disc is desiccated. There is a broad bulge with a small central protrusion, similar to the previous exam." Patient is employed full time. Diagnosis 11/21/14- Cervical disc displacement/radiculopathy- Postlaminectomy syndrome, cervical- Cervical spinal stenosis- Myalgia and myositis unspecified- Cervical disk degeneration- Long term medication use: Hydrocodone. The utilization review determination being challenged is dated 12/04/14. The rationale follows:1) Aquatic Exercises: "Current evidence based treatment guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with a periodic assessment and revision has not been effective and there is a need for equipment."2) Cyclobenzaprine: "Current evidence based guidelines from the CA MTUS state that Cyclobenzaprine is recommended using

a short course of therapy. The use of this medication is not recommended for longer than 2-3 weeks." Treatment reports were provided from 04/29/14 to 11/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year membership of aquatic exercises: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22;98-99.

Decision rationale: The patient presents with neck and arm pain rated 5/10, headache, and back and leg pain (unrated). Patient is status post C5-C7 anterior fusion with reversal of lordosis. The request is for 1 YEAR MEMBERSHIP OF AQUATIC EXERCISES. Physical examination dated 11/21/14 revealed tenderness to palpation to C4-C5 and C7-T1 paraspinal muscles, trigger points in the paraspinal and scapular muscles. Range of motion was painful on extension and rotation, positive Spurling's test and weakness noted in the left wrist on extension. The patient is currently prescribed Flexeril, Testosterone Gel, Estradiol, Tumeric, Amitriptyline, Hydrocodone, and Cyclobenzaprine. Diagnostic imaging included MRI completed 05/23/14. MTUS Guidelines, page 22, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Aquatic therapy: "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, pages 98-99, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Physical Medicine: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks". Per MTUS guidelines, aquatic therapy is indicated in cases where a patient requires reduced weight bearing as an alternative to traditional physical therapy, for conditions such as obesity. Progress report dated 11/21/14 documents patient height and weight as 61 inches and 181 pounds, respectively, (BMI of 34.2) indicating possible benefit from the utilization of aquatic therapy. While the patient reports symptomatic improvement from aquatic therapy conducted in the past, the provided reports do not document an acute injury or flare up which would necessitate additional sessions. There is no discussion as to why the patient is not able to exercise on land, at home. Furthermore, a year long pool membership does not constitute supervised aquatic therapy, and far exceeds the number of sessions specified by the guidelines. The requested treatment IS NOT medically necessary.

Cyclobenzaprine 10mg, #60 with 1 refill: Upheld

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

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

Decision rationale: The patient presents with neck and arm pain rated 5/10, headache, and back and leg pain (unrated). Patient is status post C5-C7 anterior fusion with reversal of lordosis. The request is for CYCLOBENZAPRINE 10MG #60 WITH 1 REFILL. Physical examination dated 11/21/14 revealed tenderness to palpation to C4-C5 and C7-T1 paraspinal muscles, trigger points in the paraspinal and scapular muscles. Range of motion was painful on extension and rotation, positive Spurling's test and weakness noted in the left wrist on extension. The patient is currently prescribed Flexeril, Testosterone Gel, Estradiol, Tumeric, Amitriptyline, Hydrocodone, and Cyclobenzaprine. Diagnostic imaging included MRI completed 05/23/14. 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." Treater has not provided reason for the request other than for the treatment of chronic pain. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Patient has already been prescribed Cyclobenzaprine 10mg #60 on 09/16/13, there is no documentation of re-injury or flare ups which would warrant additional treatment. Furthermore, the request for additional Cyclobenzaprine 10mg, 60 tablets with one refill does not meet with MTUS recommendations and does not indicate intended short-term use. Therefore the request IS NOT medically necessary.