

Case Number:	CM15-0013674		
Date Assigned:	02/02/2015	Date of Injury:	08/11/2014
Decision Date:	03/25/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/23/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 51 year old male, who sustained an industrial injury on 8/11/14. On 1/23/14, the injured worker submitted an application for IMR for review of Cyclobenzaprine 7.5mg 1 tab 2 times a day #60 and Daily Swimming Pool Exercises x 4 weeks (Right knee & Lumbar spine). The treating provider has reported the injured worker complained of low back pain requesting treatment for stretching and pool exercises, deep breathing-type meditation. A change in medication was requested due to the injured working developed "jerking movements" after taking Tramadol. The diagnoses have included lumbar sprain and strain and contusion of knee. Treatment to date has included sprain right knee x-rays (undated), physical therapy and medication. On 12/26/14 Utilization Review non-certified Cyclobenzaprine 7.5mg 1 tab 2 times a day #60 and Daily Swimming Pool Exercises x 4 weeks (Right knee & Lumbar spine). The MTUS, 2009 Chronic Pain Medical Treatment Guidelines and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg 1 tab 2 times a day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg 1 to 2 tablets daily #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic myofascial pain syndrome, thoraco-lumbar spine; pain and numbness right leg; sprain injury right knee probable internal derangement. MRI evaluation of the lumbar spine showed degenerative changes and protrusion of the annulus of the disc at L4 - L5 and L5 - S1, associated with neural surround narrowing; facet joint degeneration at L4 - L5 and L5 - S1. The documentation indicates Flexeril was first written in August 2014. Flexeril is indicated for short-term (less than two weeks) of acute low back pain or short-term treatment of acute exacerbations and chronic low back pain. The treating physician has clearly exceeded the recommended guidelines for short-term use. Consequently, absent compelling documentation to support the ongoing use of Flexeril, Flexeril 7.5 mg 1 to 2 tablets daily #60 is not medically necessary.

Daily Swimming Pool Exercises x 4 weeks (Right knee & Lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Low back section, Aquatic therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy (daily swimming pool exercises times four weeks) for the right knee and low back is not medically necessary. Aquatic therapy is 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 when weight bearing is desirable, for example extreme obesity. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic myofascial pain syndrome, thoraco-lumbar spine; pain and numbness right leg; sprain injury right knee probable internal derangement. MRI evaluation of the lumbar spine showed degenerative changes and protrusion of the annulus of the disc at L4 - L5 and L5 - S1, associated with neural surround narrowing; facet joint degeneration at L4 - L5 and L5 - S1. The injured worker had six sessions of physical therapy. There is no documentation of objective(s) improvement associated with prior physical therapy. The injured worker is now referred for aquatic therapy. There are no specifics in the medical record indicating the difficulties with the affected knee. The guidelines state when treatment duration and/or number of visits exceeded the guideline, exceptional factors

should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy (water-based) is indicated based on the lack of objective functional improvement with prior physical therapy. Consequently, absent clinical documentation with objective functional improvement with prior physical therapy, aquatic therapy (daily swimming pool exercises times four weeks) for the right knee and low back is not medically necessary.