

Case Number:	CM15-0015888		
Date Assigned:	02/03/2015	Date of Injury:	12/24/2009
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female, who sustained an industrial injury on 12/24/2009. The current diagnoses are chronic headaches, degenerative disc disease of the cervical spine, and chronic wrist pain. Currently, the injured worker complains of neck pain that radiates down bilateral arms to hands. The pain is rated 5/10 on a subjective pain scale. Current medications are Methadone, Wellbutrin XL, Flaxseed oil, Robaxin, and Naproxen. Treatment to date has included medications and physical therapy. The treating physician is requesting Robaxin 500 mg #60, Naproxen 500 mg #60, and 12 additional physical therapy sessions to the cervical spine, which is now under review. On 1/7/2015, Utilization Review had non-certified a request for Robaxin 500 mg #60, Naproxen 500 mg #60, and 12 additional physical therapy sessions to the cervical spine. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy one times twelve for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with of neck pain rated 05/10 that radiates down bilateral arms to hands. The request is for ADDITIONAL PHYSICAL THERAPY ONE TIMES TWELVE FOR THE CERVICAL SPINE. The RFA provided is dated 12/03/14. Patient's diagnosis included degeneration of cervical intervertebral disc. Patient's work status is unknown. MTUS pages 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended. In this case, per the UR letter dated 01/07/15, treatment history included at least 12 prior physical therapy sessions. Treater is requesting 12 additional sessions of physical therapy but no rationale is provided. The reports do not show any documentation regarding how the previous PT sessions have been beneficial in terms of pain reduction and improved functionality. Treater does not explain why on-going therapy is needed and why the patient is unable to transition into a home exercise program. Furthermore, the requested 12 additional sessions exceed what is allowed per MTUS. Therefore, the request IS NOT medically necessary.

Robaxin 500 mg #60 with 2 refills: Upheld

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

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

Decision rationale: The patient presents with of neck pain rated 05/10 that radiates down bilateral arms to hands. The request is for ROBAXIN 500MG # 60 WITH 2 REFILLS. The RFA provided is dated 12/03/14. Patient's diagnosis included degeneration of cervical intervertebral disc. Patient's work status is unknown. MTUS page 63-66 Muscle relaxants (for pain) states Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. MTUS page 63-66 under ANTISPASMODICS for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Treater does not elaborate on reasons for prescribing Robaxin. The prescription for Robaxin was mentioned in the progress report dated 08/22/14. MTUS guidelines recommend non-sedating muscle relaxants for short-term use. Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, continued use is not in line with guideline recommendations which specify short duration therapy for muscle relaxants. The request for quantity 60 with 2 refills does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Naproxen 500 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with of neck pain rated 05/10 that radiates down bilateral arms to hands. The request is for NAPROXEN 500MG #60 WITH 2 REFILLS. The RFA provided is dated 12/03/14. Patient's diagnosis included degeneration of cervical intervertebral disc. Patient's work status is unknown. MTUS Guidelines page 22 regarding anti-inflammatory medications states that anti-inflammatory are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. The prescription for Naproxen was mentioned in the progress report dated 08/22/14. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is no mention of how this medication has been helpful in any way. Furthermore, continued use is not in line with guideline recommendations. The request for quantity 60 with 2 refills does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.