

Case Number:	CM15-0111918		
Date Assigned:	07/22/2015	Date of Injury:	10/22/2014
Decision Date:	09/23/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/10/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 46 year old male, who sustained an industrial injury on 10/22/14. He reported a low back injury after lifting a heavy object. The injured worker was diagnosed as having lumbar spine sprain-strain with radicular complaints and status post umbilical hernia repair. Treatment to date has included physical therapy, chiropractic treatments, oral medications including Cyclobenzaprine, Naproxen and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 5/5/15 revealed posterior disc bulges at L3-4, L4-5 and L5-S1 with mild L4-5 central canal narrowing, mild facet hypertrophy, moderate left and mild right L4-5 neural foraminal narrowing and benign L3 intra vertebral hemangioma. Currently on 5/14/15, the injured worker complains of intermittent moderate low back pain with constant throbbing sensation and a sharp pain down the right buttock to posterior thigh and calf level. Disability status notes he may return to work with restrictions. Physical exam performed on 3/14/15 revealed increased tone and tenderness of the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch with muscle spasms. The treatment plan included request for 8 physical therapy sessions, (MRI) magnetic resonance imaging of lumbar spine and prescriptions for Naproxen 550mg #60, Omeprazole 20mg #60 and Cyclobenzaprine 10mg #60. The patient had received an unspecified number of PT, chiropractic and acupuncture visits for this injury. The patient has had history of muscle spasm and tenderness on palpation in lumbar region. The medication list include Naproxen, Cyclobenzaprine and Omeprazole. A recent detailed clinical

examination of the gastrointestinal tract was not specified in the records provided. On review of system patient do not have any complaints of gastrointestinal tract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions: Upheld

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

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

Decision rationale: Request Physical therapy 8 sessions. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self- directed home physical medicine." Patient has received an unspecified number of PT visits for this injury The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Physical therapy 8 sessions is not medically necessary for this patient.

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Omeprazole 20 mg #60. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events... Patients at high risk for gastrointestinal events... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. On review of systems the patient does not have any complaints related to the gastrointestinal tract. There is no evidence in

the records provided that the patient has GI symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The request for Omeprazole 20 mg #60 is not medically necessary in this patient.

Cyclobenzaprine 10 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 42, 63.

Decision rationale: Cyclobenzaprine 10 mg #60. According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." The injured worker was diagnosed as having lumbar spine sprain-strain with radicular complaints and status post umbilical hernia repair. (MRI) magnetic resonance imaging of lumbar spine performed on 5/5/15 revealed posterior disc bulges at L3-4, L4-5 and L5-S1 with mild L4-5 central canal narrowing, mild facet hypertrophy, moderate left and mild right L4-5 neural foraminal narrowing and benign L3 intra vertebral hemangioma. Currently on 5/14/15, the injured worker complains of intermittent moderate low back pain with constant throbbing sensation and a sharp pain down the right buttock to posterior thigh and calf level. Physical exam performed on 3/14/15 revealed increased tone and tenderness of the paralumbar musculature with tenderness at the midline thoraco- lumbar junction and over the level of L5-S1 facets and right greater sciatic notch with muscle spasms. The patient has had history of muscle spasm and tenderness on palpation in lumbar region. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore with this, it is deemed that, the use of the muscle relaxant Cyclobenzaprine 10 mg #60 is medically appropriate and necessary in this patient.