

Case Number:	CM15-0127680		
Date Assigned:	07/30/2015	Date of Injury:	11/17/2014
Decision Date:	09/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/01/2015

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 46-year-old male who sustained an industrial injury on 11-17-2014. Current diagnoses include lumbar spine sprain-strain with left lower extremity radiculopathy, the remainder of the diagnoses were hard to decipher. Previous treatments included medications, trigger point injections, physical therapy, home electrical stimulation unit, and home exercise program. Previous diagnostic studies included an MRI of the lumbar spine dated 12-12-2014. Initial injuries occurred when the worker fell backwards landing on his buttocks causing immediate pain in the lower right side of his back and later developed numbness and pain in the left leg. Report dated 03-18-2015 noted that the injured worker presented with complaints that included low back pain and weakness in the low back. Pain level was 5-6 out of 10 on a visual analog scale (VAS). Current medication regimen included Ultram ER and Fexmid. Physical examination was positive for decreased range of motion, positive straight leg raise, and gait abnormalities, the remainder of the exam was hard to decipher. The treatment plan included completing remaining physical therapy sessions, continue with home exercise program and stretching, and follow up in 5-6 weeks. As of the date of this report the injured worker was temporarily totally disabled for 6 weeks. Initial physical therapy evaluation report dated 03-13-2015 was included for review. Physical therapy final evaluation dated 04-13-2015 indicates that the injured worker has completed 8 sessions of physical therapy, received instruction for a home exercise program, and recommendation was made for additional treatments to decrease pain. QME report dated 05-12-2015 documented that the injured worker has completed approximately 16 sessions of physical therapy. Of note, there was no recent medical progress reports submitted

for review. Disputed treatments include continued physical therapy for the lumbar spine 2x4, and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued PT Lumbar Spine 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with low back pain rated 5-6/10. The request is for Continued Pt Lumbar Spine 2x4. The request for authorization is not provided. MRI of the lumbar spine, 12/12/14, shows acquired superimposed on congenital spinal canal stenosis at the L3-4 to the L5-S1 levels with mild bilateral neural foraminal stenosis at these levels; small left subarticular recess disk protrusion with annular tear at L5-S1 resulting in moderate left subarticular recess stenosis. Physical examination of the lumbar spine reveals decreased range of motion. Positive straight leg raise. Patient is to complete remaining physical therapy sessions.

Patient is to continue with home exercise program and stretching. Per progress report dated 03/18/15, the patient is temporarily totally disabled. MTUS, Physical Medicine Section, pages 98, 99 states: "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 are recommended." Treater does not discuss the request. Given the patient's condition, a short course of Physical Therapy would be indicated. However, per physical therapy report dated 04/13/15, shows total number of 8 attended visits. In this case, the request for 8 additional visits of Physical Therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request is not medically necessary.

Fexmid 7.5 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63.

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

Decision rationale: The patient presents with low back pain rated 5-6/10. The request is for Fexmid 7.5 MG #60. The request for authorization is not provided. MRI of the lumbar spine, 12/12/14, shows acquired superimposed on congenital spinal canal stenosis at the L3-4 to the L5- S1 levels with mild bilateral neural foraminal stenosis at these levels; small left subarticular recess disk protrusion with annular tear at L5-S1 resulting in moderate left subarticular recess stenosis. Physical examination of the lumbar spine reveals decreased range of motion. Positive straight leg raise. Patient is to complete remaining physical therapy sessions. Patient is to

continue with home exercise program and stretching. Per progress report dated 03/18/15, the patient is temporarily totally disabled. MTUS, Muscle Relaxants (for pain) Section, pages 63-66 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. 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 does not specifically discuss this medication. Prescription history is not provided to determine how long the patient has been prescribed Fexmid. In this case, the patient continues with low back pain. MTUS Guidelines supports the use of these types of muscle relaxants for short course of therapy, not longer than 2 to 3 weeks. However, the request for Fexmid #60 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request is not medically necessary.