

Case Number:	CM15-0171483		
Date Assigned:	09/11/2015	Date of Injury:	03/22/2015
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/31/2015

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:

This is a 32 year old male patient who sustained an industrial injury on 03-22-2015. The current diagnoses include sprain cervical region, sprain thoracic region, and sprain lumbar region. He sustained the injury due to lifting. Per the doctor's note dated 07-27-2015 he had complaints of pain in the back, and a "lump" in the upper back. Physical examination revealed thoracic lumbar tenderness, muscle spasms in the paraspinal musculature of the upper thoracic, and decreased lumbar spine range of motion. The medications list includes Anaprox-DS, Flexeril and Ultram. He has had cervical spine and lumbar spine X-rays on 6/22/15 with normal findings. Patient was authorized for 6 physical therapy visits but did not complete the physical therapy sessions. Currently the patient is working full duty. The treatment plan included requests for physical therapy biweekly x 4, and refill medications. The patient has been prescribed Fexmid (cyclobenzaprine) and Ultram (Tramadol) since at least 06-22-2015. Request for authorization dated 07-28-2015, included requests for physical therapy 2 x 4, Flexeril 10mg, #90, and Ultram 50mg, #60. The utilization review dated 08-04-2015, non-certified for physical therapy 2 x 4, Flexeril, and modified the request for Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Patient was authorized for 6 physical therapy visits but did not complete the physical therapy sessions. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "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 medical necessity of Physical therapy twice weekly for four weeks is not established for this patient at this time and therefore is not medically necessary.

Flexeril 10 mg, ninety count: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease". According to the records provided patient had pain in the back, and a "lump" in the upper back. Patient has objective findings on the physical examination-thoracic lumbar tenderness, muscle spasms in the paraspinal musculature of the upper thoracic, and decreased lumbar spine range of motion. The patient has chronic pain with abnormal objective exam findings. According to the cited guidelines, Flexeril is recommended for short-term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 10 mg, ninety count is medically appropriate and necessary to use as prn during acute exacerbations.

Ultram 50 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids for neuropathic pain.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain". Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient had pain in the back, and a "lump" in the upper back. Patient has objective findings on the physical examination- thoracic lumbar tenderness, muscle spasms in the paraspinal musculature of the upper thoracic, and decreased lumbar spine range of motion. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Ultram 50 mg, sixty count is medically appropriate and necessary to use as prn during acute exacerbations.