

Case Number:	CM15-0172607		
Date Assigned:	09/14/2015	Date of Injury:	09/03/2011
Decision Date:	10/15/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41-year-old male, who sustained an industrial injury on September 3, 2011. On July 7, 2015, the injured worker reported that the three or four physical therapy sessions he completed were greatly beneficial but he did not feel he had enough sessions. He reported that he was using Tramadol only on days when his pain was severer. He reported that if he used Tramadol daily he is unable to sleep. He noted that the use of Flexeril makes him sleepy. On physical examination, the injured worker had a normal lumbar range of motion including flexion, rotation, and lateral bending with the exception of extension, which is limited to 20 degrees. He was intact to pinprick sensation all lower extremity dermatomes but decreased over the right L4. He had a positive straight leg raise in a seated position bilaterally and a positive bilateral Patrick's test. The injured worker had full muscle strength of the bilateral lower extremities at 5-5. He had intact reflexes of the bilateral lower extremities and normal walking gait. The evaluating physician noted that the injured worker had continued complaints of low back pain with occasional radiating leg pain and associated numbness. He completed three physical therapy sessions from March 18, 2015 through April 1, 2015 for a flare-up and found them helpful in reducing his pain. The injured worker was diagnosed as having status post lumbar fusion L1 to L3 and L2 anterior wedge compression fracture. Treatment to date has included lumbar fusion, physical therapy and opioid medications. A request for authorization for Flexeril 5 mg #60 and physical therapy two times a week for four weeks for the lumbar spine was received on July 31, 2015. The Utilization Review physician determined on August 14, 2015 that Flexeril 5 mg #60 and physical therapy two times a week for four weeks for the lumbar spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #60: Upheld

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

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

Decision rationale: The claimant sustained a work injury in September 2011 and underwent a lumbar fusion in August 2012. He returned to unrestricted work in April 2015. He recently completed 3 sessions of physical therapy. The third session was completed on 04/01/15. At the second treatment on 03/24/15, he was compliant with his home exercise program. When seen, he had noticed an increase in low back pain and lower extremity pain and numbness since returning to work. Physical therapy had been beneficial. He was using Tramadol when having severe pain and Flexeril was making him sleepy. Physical examination findings included decreased lumbar extension and decreased right lower extremity sensation. Straight leg raising and Patrick's testing was positive bilaterally. Additional physical therapy was requested and Flexeril was refilled, having been prescribed since at least March 2015. Flexeril (Cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.

Physical therapy two times a week for four weeks for the lumbar spine qty: 8: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in September 2011 and underwent a lumbar fusion in August 2012. He returned to unrestricted work in April 2015. He recently completed 3 sessions of physical therapy. The third session was completed on 04/01/15. At the second treatment on 03/24/15 he was compliant with his home exercise program. When seen, he had noticed an increase in low back pain and lower extremity pain and numbness since returning to work. Physical therapy had been beneficial. He was using Tramadol when having severe pain and Flexeril was making him sleepy. Physical examination findings included decreased lumbar extension and decreased right lower extremity sensation. Straight leg raising and Patrick's testing was positive bilaterally. Additional physical therapy was requested and Flexeril was refilled, having been prescribed since at least March 2015. In this case, there is no new injury and claimant has recently had physical therapy including a home exercise program. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate

rather than during scheduled therapy visits. Providing the number of requested additional skilled physical therapy services is in excess of what might be needed to finalize the claimant's home exercise program and would not reflect a fading of treatment frequency. The request is not medically necessary.