

<b>Case Number:</b>	CM15-0173512		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	06/02/2011
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, 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 57 year old male, who sustained an industrial injury on 6-2-2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain-strain with radiculitis-radiculopathy, right greater than left, secondary to herniated lumbar disc. On 7-14-2015, the injured worker reported increasing pain in the lumbar spine expanding to the cervical spine region with numbness and tingling on the right lower extremity and difficulty sleeping, dizziness, headaches, and symptoms of anxiety and depression. The injured worker was noted to be concerned with weight gain. A progress report dated 10/6/2015 states that "PT [illegible] helped." The Primary Treating Physician's report dated 7-14-2015, noted the injured worker rated his pain at 9 out of 10 on the visual analog scale (VAS), an increase since the 6-7 out of 10 noted on 6-2-2015. The physical examination was noted to show 2 spasms at T12-L5 bilaterally with positive straight leg raise, decreased lordosis, positive Lasegue's on the right, and hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L5 and S1 dermatome level bilaterally. Facet joint tenderness was noted at L4 and L5 levels bilaterally. The Physician noted a lumbar spine MRI demonstrated disc herniation at L4-L5 of 2mm and L5-S1 of 3mm, with an electromyography (EMG)-nerve conduction velocity (NCV) demonstrating radiculopathy of L5, S1, and to a lesser degree L4, greater on the right. The treatment plan was noted to include requests for authorization for lumbar epidural steroid therapeutic pain management procedure, pre-op labs, physical therapy 2 times a week for 6 weeks for strength training, increased range of motion (ROM), and decreased pain, and refill of medications including Anaprox, Prilosec, Ultram, Tylenol #3, Flexeril, all noted to have been prescribed since at least 3-10-2015, and lotions.

The injured worker was noted to remain temporarily and totally disabled from work. The requests for authorization dated 7-14-2015, and 7-31-2015, requested Naproxen 550mg #90, Prilosec 20mg #45, Outpatient physical therapy (PT) two (2) times a week over six (6) weeks to the lumbar spine (twenty (20) sessions to date), Ultram 60mg #120 with 1 refill, Tylenol 3 number #120 with 1 refill, and Flexeril 10mg #60 with 1 refill. The Utilization Review (UR) dated 8-7-2015, certified the requests for Naproxen 550mg #90 and Prilosec 20mg #45, modified the request for outpatient physical therapy (PT) two (2) times a week over six (6) weeks to the lumbar spine (twenty (20) sessions to date) to certify physical therapy 2 times a week for 3 weeks with non-certification of the remaining physical therapy 2 times a week for 3 weeks, modified the requests for Ultram 60mg #120 with 1 refill to certify #42 with no refill and non-certify #78 with 1 refill, and Tylenol 3 number #120 with 1 refill certified #42 with no refill and non-certified #78 with 1 refill, and non-certified the request for Flexeril 10mg #60 with 1 refill.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Outpatient physical therapy (PT) two (2) times a week over six (6) weeks to the lumbar spine (twenty (20) sessions to date): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many therapy sessions the patient has already undergone making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for their diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

**Ultram 60mg #120 with 1 refill: 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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol) is not medically necessary.

**Tylenol 3 number #120 with 1 refill:** 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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Tylenol 3, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication.

Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tylenol 3 is not medically necessary.

**Flexeril 10mg #60 with 1 refill:** 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): Muscle relaxants (for pain).

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.