

Case Number:	CM15-0060678		
Date Assigned:	04/06/2015	Date of Injury:	12/21/2006
Decision Date:	05/29/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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, Washington

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 37 year old male, who sustained an industrial injury on 12/21/2006. The injured worker is currently diagnosed as having failed low back pain syndrome status post lumbosacral fusion, post cervical spine fusion syndrome, lumbar radiculopathy, cervical radiculopathy, and cervicgia. Treatment to date has included lumbar spine MRI, cervical spine MRI, left shoulder MRI, and medications. The injured worker presented on 03/20/2015 for a followup evaluation. The injured worker reported constant neck and low back pain with associated headaches. The injured worker reported an improvement in symptoms with the use of the current medication regimen. The current medication regimen includes Flexeril, methadone, Percocet, gabapentin, Cymbalta, Celebrex and Propanolol. Upon examination, there was moderate muscular spasm in the bilateral trapezius, levator scapulae and rhomboid area. There was a positive Spurling's maneuver noted. Flexion was limited to 30% and rotation to 50%. The injured worker was unable to extend the cervical spine. Examination of the lumbar spine revealed tenderness and spasm across the lumbosacral area with an inability to perform a straight leg raise test. Flexion was limited to 50%. The injured worker was unable to extend or laterally bend. Hypoesthesia and dyesthesia in the right anterior thigh were noted with a hypersensitivity to light touch. Treatment recommendations at that time included continuation of the home exercise program and the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for lumbar x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for unspecified neuralgia, neuritis and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 12 sessions of physical therapy for the lumbar spine exceeds guideline recommendations. There is also no documentation of the previous course of physical therapy with evidence of objective functional improvement. Additional treatment would not be supported at this time. Given the above, the request is not medically necessary.

Methadone 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: The California MTUS Guidelines recommend methadone as a second line treatment for moderate to severe pain if the potential benefit outweighs the risk. In this case, it is noted that the injured worker has continuously utilized methadone since 01/2015. There is no documentation of objective functional improvement. The injured worker continues to report constant neck and low back pain with associated headaches. The medical necessity for the ongoing use of this medication has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically necessary.

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized Percocet 10/325 mg since at least 01/2015. There is no documentation of objective functional improvement. There is no evidence of a written consent or an agreement for the chronic use of an opioid. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Flexeril 10mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has utilized the above medication since 01/2015. Guidelines do not support long term use of this medication; therefore, the request for 3 additional refills is not medically appropriate. Given the above, the request is not medically necessary at this time.