

Case Number:	CM15-0096820		
Date Assigned:	05/27/2015	Date of Injury:	05/20/2014
Decision Date:	07/03/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/19/2015

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:

This 50 year old male sustained an industrial injury to the low back on 5/20/14. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, acupuncture, transcutaneous electrical nerve stimulator unit, H-wave, home exercise, epidural steroid injections and medications. The injured worker completed a Functional Restoration Program (FRP) on 4/17/15. In the FRP discharge summary, the physician reported that the injured worker was an active participant with improved function at the time of discharge. Discharge medications included Gabapentin and Skelaxin. In a PR-2 dated 4/29/15, the injured worker complained of low back pain rated 4.5/10 on the visual analog scale with medications and 10/10 without. The injured worker reported that he was able to walk for 30 minutes a day and be more active with the aid of medications. The injured worker stated that Skelaxin was working well to control spasms. The injured worker reported that he used Skelaxin sparingly. Current medications included Skelaxin, Gabapentin, Aspirin, Atorvastatin, Ibuprofen, Temazepam and Cymbalta. Current diagnoses included cervical facet syndrome, lumbar spine degenerative disc disease and radiculitis. The treatment plan included six sessions of physical therapy and a prescription for Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Skelaxin 800mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaloxone (Skelaxin); Muscle relaxants Page(s): 61;65;63.

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

Decision rationale: The patient was injured on 05/20/14 and presents with low back pain, bilateral lower extremity pain, right shoulder pain, and neck pain. The retrospective request is for SKELAXIN 800 MG QUANTITY 120 for spasm. The RFA is dated 05/07/15 and the patient's work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations 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." Regarding the cervical spine, the patient has a limited range of motion, hypertonicity, spasm, tenderness, tight muscle band, and trigger point on both sides. For the lumbar spine, there is hypertonicity, spasm, tenderness, tight muscle band, and a positive lumbar facet loading on both sides. The right shoulder has a limited range of motion and the patient is diagnosed with cervical facet syndrome, lumbar spine degenerative disc disease, and radiculitis. MTUS guidelines indicate that muscle relaxants such as Skelaxin are considered appropriate for acute exacerbations of lower back pain. However, MTUS guidelines do not recommend use of this class of medications for longer than 2 to 3 weeks. In this case, the patient has been taking this medication as early as 11/26/14, which exceeds the 2 to 3 week limit set by MTUS guidelines. Therefore, the request IS NOT medically necessary.

Physical Therapy, six sessions: Upheld

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

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

Decision rationale: The patient was injured on 05/20/14 and presents with low back pain, bilateral lower extremity pain, right shoulder pain, and neck pain. The retrospective request is for PHYSICAL THERAPY 6 SESSIONS. The RFA is dated 05/01/15 and the patient's work status is not provided. The 04/17/15 report states that the patient is now independent in a home exercise program and understands the benefits of regular activity in a safe manner. The 04/29/15 report states that "the patient's previous physical therapy was largely passive in nature." MTUS pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and

radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with cervical facet syndrome, lumbar spine degenerative disc disease, and radiculitis. There is no indication of any recent surgery the patient may have had. Although the treater provides general statements regarding how prior physical therapy has been passive, there is no indication of when these sessions took place or how many total sessions of therapy the patient. The 04/17/15 report states that the patient is in a home exercise program to manage his pain. An additional 6 sessions of therapy to the sessions the patient has already had may exceed what is allowed by MTUS guidelines. There is no documentation of a new injury or a flare-up to warrant another course of therapy at this time. Therefore, the request IS NOT medically necessary.