

<b>Case Number:</b>	CM14-0141541		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/02/2014
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59 year old male who had a work-related injury on 06/02/14. The injured worker was at work unloading a vibrator that helps break concrete, as part of the machine was handed to him he took on too much of the weight and felt sudden pain on his mid back. He describes quality of pain as cramping and constant since onset. It waxes and wanes in intensity. It is exacerbated by arm movement in trying to reach towards the back. He has no associated numbness or weakness. He tried taking a hot shower but no relief. He has no difficulty walking, bladder incontinence. No history of prior back injuries. Most recent medical record submitted for review is dated 08/11/14. The injured worker states he continues to express pain in cervical spine, thoracic spine, and lumbar spine and pain and spasm, with spasms particularly over the trapezial muscles bilaterally. He states that he tried to sleep on the floor, to alleviate his symptoms, but his symptoms worsened and he feels stiff. He denies numbness or tingling from the upper and lower extremities. He has radiating pain extending to both thighs. The injured worker describes his pain at a level of 10/10. He indicates the activities of daily living are at a level of 60% of normal. He states that the medications helped to reduce his symptoms by approximately 35%. He has taken Ibuprofen and Cyclobenzaprine. Physical examination noted cervical flexion and extension is 30 degrees. There is tenderness and spasm over the paravertebral and trapezial musculature on the left. Thoracic spine is noted for tenderness over the paravertebral muscular bilaterally with spasm. Rotation is 45 degrees bilaterally. Lumbar spine is noted for tenderness and spasm that are palpable over the paravertebral musculature bilaterally, Flexion is 30 degrees and Extension is 20 degrees. Limited range of motion is noted for the middle and ring finger for the right hand. There is tenderness to palpation over the right hand. Upper and lower extremities demonstrate normal reflexes and sensation and 5/5 strength. Straight leg raising tests reproduce pain in lumbar spine at 60 degrees. Diagnoses include

cervical spine strain, thoracic spine strain, lumbar spine strain, and right hand sprain. Voltaren and Cyclobenzaprine were dispensed. Prior utilization review on 08/06/14, Soma was denied and physical therapy for 2 visits for 8 weeks was modified to approval for physical therapy for 2 times a week for 4 weeks. There is no documentation submitted indicating that the injured worker had functional improvement with physical therapy that was certified on 08/06/14. Current request is for retrospective Soma and Physical therapy. Prior utilization review denied a request for retrospective Soma (DOS 07/14/14) (Unspecified Dosage & Quantity) and physical therapy, 2x8 on August 7, 2014.

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

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

#### **Retrospective Soma (DOS 07/14/14) (Unspecified Dosage & Quantity): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009), Page(s): 8 C.C.R. 9792.20 -.

**Decision rationale:** As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

#### **Physical therapy, 2 x 8: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009), Page(s): 98 of 127.

**Decision rationale:** The request for Physical therapy, 2 x 8 is not medically necessary. Prior utilization review on 08/06/14, physical therapy for 2 visits for 8 weeks was modified to approval for physical therapy for 2 times a week for 4 weeks. There is no documentation submitted indicating that the injured worker had functional improvement with physical therapy that was certified on 08/06/14. As such medical necessity has not been established.

