MAXIMUS Federal Services

Case Number:	CM13-0007965		
Date Assigned:	12/11/2013	Date of Injury:	05/22/1995
Decision Date:	01/24/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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:

This 56 year-old male sustained a low back injury on 5/22/95 while employed at [redacted] He is s/p lumbar surgery at L4-5 on 10/12/95 and continues with pain symptoms. There is a P&S report from [redacted] dated 6/18/07 that noted permanent disability precluding from heavy work with future medical provisions to include physical therapy, medications, and epidural injections for flare-ups without indication for further surgery. Report of 7/22/13 by [redacted] noted the patient with continued with low back pain radiating into bilateral legs. Objective findings include antalgic gait, tenderness of the lumbar paravertebrals, decreased range of motion, normal motor strength, symmetrical DTRs of Â¼ throughout, and absent left ankle reflex. Medications included Plendil, ASA, Omeprazole, Metformin, Lipitor, Doxazosin mesylate, Diovan, Plavix and Flector transdermal. Requests for PT x 12 sessions, Flector transdermal, and Ibuprofen were non-certified by [redacted] with decision of 7/26/13 citing guidelines criteria and medical effectiveness of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy (PT) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased Range of Motion (ROM), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status for this 5/22/95 injury s/p surgery in October of 1995 and P&S in June 2007. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has received more than the amount of therapy sessions recommended per the Guidelines without demonstrated evidence of functional improvement to allow for additional therapy treatments as with recently completed 10 PT sessions rendered. The Prospective request for 12 Physical Therapy (PT) sessions between 07/22/2013 and 09/22/2013 is not medically necessary and appropriate.

Decision for Prospective request for 1 prescription of Flector 1.3% transdermal patch #30 with 5 refills between 07/22/2013 and 01/20/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Back Pain - Chronic low back pain, Anti-inflamma.

Decision rationale: Per Guidelines, The efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009), but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this 1995 injury. There is no documented functional benefit from treatment already rendered for this 2007 P&S low back injury. This 56 year-old patient is currently taking anti-hypertensive, anti-cholesterol, and diabetic medications, but is also prescribed concurrent oral Ibuprofen, along with Aspirin which would not be recommended for increased risk of GI bleeding. The prescription of Flector 1.3% transdermal patch #30 with 5 refills between 07/22/2013 and 01/20/2014 is not medically necessary and appropriate.

Prospective request for 1 prescription of Ibuprofen 800mg with #30 with 1 refill between 07/22/2013 and 09/22/2013: 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 NSAIDs (non-steroidal anti-inflammatory drugs), Back Pain - Chronic low back pain, Anti-inflamma.

Decision rationale: Per Guidelines, The efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety nor has there been evidence of more symptom coverage with higher dose beyond 400 mg. NSAID is recommended for osteoarthritis and may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this 1995 injury. There is no documented functional benefit from treatment already rendered for this 2007 P&S low back injury. This 56 year-old patient is currently taking anti-hypertensive, anti-cholesterol, and diabetic medications, but is also prescribed concurrent topical Flector patch, along with Aspirin which would not be recommended for increased risk of GI bleeding. [redacted] has noted the Ibuprofen providing pain relief for only several hours; however, there is no demonstrated functional improvement from the chronic medication treatment rendered. The Prospective request for 1 prescription of Ibuprofen 800mg with #30 with 1 refill between 07/22/2013 and 09/22/13 is not medically necessary and appropriate.