

Case Number:	CM13-0008558		
Date Assigned:	03/10/2014	Date of Injury:	03/26/2002
Decision Date:	04/30/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/08/2013

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 Occupational Medicine, 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:

According to the records made available for review, this is a 62-year-old female with a 3/26/02 date of injury. At the time (7/15/13) of request for authorization for continued physical therapy 2x4 to cervical spine and lumbar spine, Fluriflex cream #180 gm, TGH OT tramadol gabapentin menthol camphor capsaicin 88/10/21.05% cream #180 gm, there is documentation of subjective (pain rated 7/10, having off and on numbness and tingling to both UEs, able to do ADLS with limitation, difficulty with lifting and reaching) and objective (C/S flexion/extension WVL/22, SB 27/15, standing and walking with moderate difficulty, carrying with max difficulty) findings, current diagnoses (none specified), and treatment to date (medications (tramadol), activity modification, and PT). Regarding the requested continued physical therapy 2x4 to cervical spine and lumbar spine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date, and objective functional deficits regarding the lumbar spine. Regarding the requested Fluriflex cream #180 gm, there is no documentation that trial of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY 2 X 4 TO THE CERVICAL SPINE AND LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Low Back Chapter, Physical Therapy (PT)

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG guidelines recommend a limited course of physical therapy for patients with a diagnosis of cervicgia and lumbago not to exceed 9 visits over 8 weeks. The ODG guidelines also note patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceed guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of previous physical therapy and objective functional deficits regarding the cervical spine and upper extremities. However, the number of physical therapy visits completed to date cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date, and objective functional deficits regarding the lumbar spine. Therefore, based on guidelines and a review of the evidence, the request for continued physical therapy 2x4 to cervical spine and lumbar spine is not medically necessary.

FLURIFLEX CREMA #180GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Fluriflex cream #180 gm is not medically necessary.

TGH OT TRAMADOL GABAPENTIN MENTHOL CAMPHOR CAPSINCIN 88/10/21.05% CREAM #180GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. TGH OT tramadol gabapentin menthol camphor capsaicin contains at least one drug (capsaicin, gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for TGH OT tramadol gabapentin menthol camphor capsaicin 88/10/21.05% cream #180 gm is not medically necessary.