

Case Number:	CM13-0026001		
Date Assigned:	11/22/2013	Date of Injury:	01/03/2013
Decision Date:	03/14/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/19/2013

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 Family Practice 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:

The patient is a 58 year old male who reported an injury on 01/03/2013. The mechanism of injury involved a fall. The patient is diagnosed with closed head injury/concussion, musculoligamentous sprain and strain in the cervical spine, rule out disc protrusion in the cervical spine, torticollis on the left, chest wall contusion, musculoligamentous sprain and strain of the lumbar spine, and neural foraminal narrowing at L4-5 and L5-S1. The patient was seen by [REDACTED] on 08/30/2013. The patient reported throbbing and twitching pain in the cervical spine as well as the eyes and ears. Physical examination revealed positive cervical spine axial loading compression test, absent Hoffmann's reflex, restricted and painful range of motion, tenderness to palpation along the paraspinous musculature, positive straight leg raising, and discomfort to palpation along the paraspinous musculature of the lumbar spine. Treatment recommendations included authorization for a compounded cream, physical therapy twice per week for 4 weeks, an X-Force stimulator, a Q-tech ice/heat unit and authorization for a urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 4 weeks in Treatment to Cervical and Lumbar:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 104.

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

Decision rationale: California MTUS Guidelines state that 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has previously completed a course of physical therapy. However, documentation of the previous course of treatment with total treatment duration and efficacy was not provided for review. It is noted on 07/10/2013, the patient did not benefit from physical therapy. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

1x-force Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 113-11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: X-Force Stimulator is a dual-unit offering TEJS and TENS functions. California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option. There is no evidence of this patient's active participation in a functional restoration program. There is also no documentation that other appropriate pain modalities have been tried and failed. Additionally, there is no documentation of a successful 1 month trial period prior to the request for a purchase. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Neurontin 300mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. As per the documentation submitted, there is no evidence of neuropathic pain or any neurological deficit upon physical examination. The medical necessity for the requested medication has not been established. Therefore, the request is non-certified.

Compound Cream of Ketoprofen 10% Lidocaine 5%, Cyclobenzaprine 10%: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there was no evidence of neuropathic pain upon physical examination. There is also no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Furthermore, California MTUS Guidelines state muscle relaxants are not recommended as there is no evidence for the use of any muscle relaxant as a topical product. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.