

Case Number:	CM13-0029221		
Date Assigned:	11/01/2013	Date of Injury:	07/08/2009
Decision Date:	01/08/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/26/2013

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:

The patient is a 61 year-old female with a date of injury on 7/8/2009. According to [REDACTED] 8/15/13 report, the patient's diagnoses include: status post C4-7 anterior cervical discectomy and fusion on 12/14/12; rule out internal derangement right knee. The progress report dated 8/15/13 by [REDACTED] noted that the patient complained of residual cervical symptomatology and was requesting additional physical therapy. A topical analgesic spray was prescribed for use without any discussion noted by the provider as to where the medication was to be applied. The progress report dated 3/21/13 by [REDACTED] noted that the patient was status post cervical fusion on 12/14/12 and was currently in physical therapy. No discussion was provided in regard to any functional benefit the patient had so far received from therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flur/cyclo/caps/liq new 10%/2%/0.125% liq quantity "1230 30 days, spray to affected area 2-3 times per day: 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 Topical Analgesics/creams Page(s): 111-113.

Decision rationale: The progress report dated 8/15/13 by [REDACTED] noted that the patient complained of residual cervical symptomatology and was requesting additional physical therapy. A topical analgesic spray was prescribed for use without any discussion noted by the provider as to where the medication was to be applied. MTUS pg. 111-113 recommends topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. No discussion from the provider was documented in regard to what symptoms the topical medication was to treat. No documentation of neuropathic pain or failure of antidepressants was provided. Also, cyclobenzaprine is not a recommended compound for musculoskeletal pain and therefore, the entire compound cannot be authorized according to MTUS. Recommendation is for denial.

Physical therapy 2 times a week for 4 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding evaluation of progress, Physical Medicine Page(s): 8, 98-99.

Decision rationale: The progress report dated 8/15/13 by [REDACTED] noted that the patient complained of residual cervical symptomatology and was requesting additional physical therapy. The progress report dated 3/21/13 by [REDACTED] noted that the patient was status post cervical fusion on 12/14/12 and was currently in physical therapy. No discussion was provided in regard to any functional benefit the patient had received so far from physical therapy. MTUS pg. 8 states that "continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." MTUS (pg. 98, 99) regarding physical medicine allows for fading of treatment frequency plus active self-directed home physical medicine. The patient is outside of post-operative period with surgery from 12/14/12. The treater does not provide documentation regarding how many treatments the patient has had so far. There is a lack of comprehensive therapy notes to understand how much therapy has been provided thus far this year. Without this information, one cannot determine whether or not additional therapy at this point is consistent with MTUS. For myalgia, myositis, flare-ups, MTUS only allows for 8-10 sessions of therapy treatments at a time.