

Case Number:	CM13-0034702		
Date Assigned:	12/11/2013	Date of Injury:	06/15/2006
Decision Date:	05/16/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 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 patient is a 64 year old female who was injured on 06/15/2006. The mechanism of injury is unknown. There is no known prior history of physical therapy documented. There are no medications documented. There were no diagnostic studies for review. PR-2 dated 07/19/2013 indicated the patient presented with complaints of some neck and shoulder pain as well as pain to her low back and knees. Objective findings on exam revealed an antalgic gait. The lumbar spine exhibited tenderness in the paralumbar musculature. There was weakness on extension of the lumbar spine. The patient was diagnosed with spinal sprain/strain syndrome; right knee internal derangement; right knee contusion; lumbar discopathy and bilateral knee patellofemoral chondromalacia.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY;EIGHT (8) SESSIONS FOR THE LEFT SHOULDER: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, physical medicine is recommended as a modality of treatment that is important in reducing swelling, decreasing pain, and improving range of motion. The medical records document the patient was complaining of neck pain and shoulder pain as revealed in PR-2 dated 7/19/2013, the patient was diagnosed with spinal strain /sprain syndrome, right knee derangement, right knee contusion, lumbar discopathy, and bilateral knee patellofemoral condilomalacia. In the absence of recent medical reports beyond date 7/19/2013, and documentation of previous PT therapy sessions or the indication of this modality of treatment, the request is not medically necessary according to the guidelines.

FLURBIPROFEN/CYCLOBENZAPRINE 15/10% 180GM CREAM: 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: According to the CA MTUS guidelines, topical analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document the patient was complaining of neck pain and shoulder pain as revealed in PR2 dated 7/19/2013, the patient was diagnosed with spinal strain /sprain syndrome, right knee derangement, right knee contusion, lumbar discopathy, and bilateral knee patellofemoral condilomalacia. Cyclobenzaprine is a muscle relaxant that has no evidence for use as a topical product; therefore, the request is not medically necessary according to the guidelines.

TRAMADOL/GABAPENTIN/MENTHOL/CAMPBOR/CAPSAICIN 8/10/2/2/5% 180 GM CREAM: 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: According to the CA MTUS guidelines, topical analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document the patient was complaining of neck pain and shoulder pain as revealed in PR2 dated 7/19/2013, the patient was diagnosed with spinal strain /sprain syndrome, right knee derangement, right knee contusion, lumbar discopathy, and bilateral

knee patellofemoral condilomalacia. Gabapentin is not recommended. There is no peer-reviewed literature to support its topical use; therefore, the request is not medically necessary according to the guidelines.