

Case Number:	CM13-0055436		
Date Assigned:	12/30/2013	Date of Injury:	04/27/2010
Decision Date:	08/25/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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:

This is a 60 year-old female who has reported low back pain after an injury on April 27, 2010. Treatment has included lumbar laminectomy, medications, physical therapy, and injections. She has been diagnosed with spondylolisthesis, degenerative disc disease, and radiculopathy. A lumbar fusion was certified in Utilization Review on 11/13/13. As of the report of 5/21/13, the treating surgeon recommended lumbar decompression and fusion along with associated surgical services. Per the treating surgeons report of 7/16/13, there was ongoing low back and leg pain, with need for surgery. Topical flurbiprofen and Medrox were dispensed, with no discussion of the Medrox ingredients or reasons why two topical NSAIDs might be indicated. Post-operative physical therapy was recommended, with an MTUS citation. Work status was partial disability. Per the treating surgeon report of 8/20/13, there was ongoing low back and leg pain, signs of radiculopathy, and positive MRI findings. The treatment plan included fusion surgery and temporarily totally disabled work status. On 11/13/13, Utilization Review certified a lumbar fusion, partially certified a request for 36 post-operative physical therapy sessions, non-certified transportation to and from a facility, and non-certified Medrox. The MTUS was cited to support the decisions for surgery, Medrox, and physical therapy. No guideline was provided for the transportation decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

36 Post-Operative Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12, 26.

Decision rationale: Physical therapy may be indicated after this surgery. The recommended initial course of therapy for this condition is 17 visits, which is one half the total of 34 visits. The requested 36 visits exceed the recommended initial course as well as the recommended total course. The 36 visit initial course is therefore not medically necessary.

Transportations to and from Facility: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicaid Non-Emergency Medical Transportation (NEMT), greenmountaincare.org.

Decision rationale: It is apparent from the medical records that this request pertains to transportation to and from the hospital in the perioperative period. The MTUS does not address this issue. The Medicare guideline is cited. The request is for transportation both to and from the hospital. The treating physician has provided no specific indications for this service. The treating physician has provided no evidence for specific deficits or impairment that would necessarily require transportation not provided by the injured worker herself. Given the lack of specific medical information provided by the treating physician and the nature of the surgery, one can expect that after the surgery and hospital stay, the injured worker will probably have some degree of physical impairment that could prevent driving or taking public transportation, and some degree of mental impairment from use of stronger analgesic medications. Transportation may be necessary for the trip from the hospital to home. There is no evidence of such impairment that would be expected prior to the surgery, so that portion of the requested transportation cannot be determined as medically necessary based on the available information. As such, the request for transportation both prior to and after the surgery is not medically necessary.

30 Medrox Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60; 111-113.

Decision rationale: No reports from the treating physician address the medical necessity for Medrox or discuss the specific components and their respective indications for this injured worker. Medrox is Capsaicin/Menthol/Methyl Salicylate. The MTUS does not recommend

0.0375% capsaicin, as medical evidence is lacking. When indicated, capsaicin is for patients who have not responded to other usual treatments. Capsaicin was dispensed before the patient had failed adequate trials of other customary treatment. The injured worker was given topical flurbiprofen at the same time as Medrox. Given that flurbiprofen is a topical NSAID, and that Medrox also has a topical NSAID (Methyl Salicylate), prescribing is duplicative and potentially toxic. The MTUS page 60 does not recommend initiating multiple medications simultaneously, as this makes determination of benefit and side effects impossible. In this case, Medrox contains multiple medications (one of which is not recommended), prescribing of NSAIDs is redundant, and the MTUS does not support this kind of prescribing. Medrox is not medically necessary based on the MTUS.