

Case Number:	CM13-0060375		
Date Assigned:	12/30/2013	Date of Injury:	10/02/2004
Decision Date:	07/03/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/03/2013

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 Minnesota. 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 injured worker is a 48-year-old male who reported an injury on 10/02/2004. The mechanism of injury was not stated. The current diagnoses include chronic pain syndrome, essential hypertension, testicular hypofunction, coronary atherosclerosis, chronic obstructive asthma, and long term use of medications. The latest physician progress report submitted for this review is documented on 08/15/2013. The injured worker reported 8/10 pain. Previous conservative treatment includes opioid analgesics, muscle relaxants, and epidural injections. Current medications include clonidine HCl, carbamazepine, Fentanyl, Flexeril, and testosterone oil. Physical examination revealed painful range of motion of the lumbar spine, tenderness to palpation, and intact sensation. Treatment recommendations included continuation of the currently prescribed medication regimen and therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Two times a week for four Weeks: 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 Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state 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. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. There is no specific body part listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

Topical Ketoprofen Cream (% unspecified): Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is diclofenac. Therefore, the current request is not medically appropriate. There is also no strength, frequency, or quantity listed in the current request. As such, the request is non-certified.