MAXIMUS Federal Services

Case Number:	CM14-0002496		
Date Assigned:	01/24/2014	Date of Injury:	12/31/2008
Decision Date:	06/19/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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:

The patient is a 45-year-old female who has filed a claim for cervical, lumbar, and left knee sprain associated with an industrial injury date of December 31, 2008. Review of progress notes reports neck, low back, and left knee pain. Findings include tenderness of the cervical and lumbar regions with pain upon terminal range of motion. There is also tenderness to the medial knee joint. Treatment to date has included acupuncture and physical therapy. Utilization review from December 23, 2013 denied the request for physical therapy 6 sessions, universal cervical collar, acupuncture, urinalysis testing, for flurbiprofen 10%/capsaicin 0.025%/menthol 21%, and ketoprofen 10%/cyclobenzaprine 3%/lidocaine 5%. Reasons for denial were not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 6 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE GUIDELINES, 98-99.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan, and monitoring from the treating physician regarding progress and continued benefit of treatment. In this case, there is note that the patient has undergone physical therapy in the past. The total number of sessions, subjective improvement, and objective functional benefits were not documented. There is also no documentation regarding expected functional gains with additional physical therapy sessions. Also, the body part to be treated is not specified. Therefore, the request for physical therapy eight (8) sessions was not medically necessary.

UNIVERSAL CERVICAL COLLAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM, 2nd Edition, 2004, Page 175. The Claims Administrator also based his/her decision on the Citation: Official Disability Guidelines (ODG) - Treatment in Workers Comp 2012 on the Web (www.odgtreatment.com).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Collars (cervical).

Decision rationale: According to the Official Disability Guidelines, cervical collars are not recommended for neck sprains. They may be appropriate where postoperative and fracture indications exist. In this case, the patient has neck sprain, noting neck pain with tenderness. There are no indications to support the use of a cervical collar. Therefore, the request for universal cervical collar was not medically necessary.

ACUPUNCTURE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, and ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 8, Pages 174-175.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines state, that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation). In this case, patient has had previous acupuncture therapy. There is no documentation regarding the total number of sessions, subjective improvement, and functional benefits derived from these sessions. Also, the body part to be treated is not specified. In addition, the requested quantity is not indicated. Therefore, the request for acupuncture was not medically necessary.

URINALYSIS TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Chronic Pain Medical Treatment Guidelines, Drug Testing, Page 43. The Claims Administrator also based its decision on the Non-MTUS Citation: Official Disability Guidelines (ODG), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. In this case, there is no documentation of any medications that the patient is currently taking. There is no clear rationale for this request. Therefore, the request for urinalysis testing was not medically necessary.

FLURBIPROFEN 10% / CAPSAICIN 0.025% / MENTHOL 21% 120GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Pages 111-113. The Claims Administrator also based its decision on the Non-MTUS Citation: Official Disability Guidelines (ODG), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 28, 111-113.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is little to no research as for the use of flurbiprofen in compounded products. The guidelines state that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, the MTUS guidelines do not cite specific provisions, but the Official Disability Guidelines states that the Food and Drug Admininstration (FDA) has issued an alert in 2012 indicating that topical over-the-counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. There is no rationale for the need for a topical compounded cream versus first-line pain medications. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for flurbiprofen 10%/capsaicin 0.025%/menthol 21% was not medically necessary.

KETOPROFEN 10% / CYCLOBENZAPRINE 3% / LIDOCAINE 5%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation According to the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Pages 111-113. The Claims Administrator also based its decision on the Non-MTUS Citation: Official Disability Guidelines (ODG), Topical Analgesics.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, 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. Ketoprofen is not currently Food and Drug Admininstration (FDA)-approved for topical

application. It has an extremely high incidence of photocontact dermatitis. Regarding cyclobenzaprine, there is no evidence for the use of muscle relaxants as a topical product. Regarding lidocaine, formulations in creams, lotions, or gels are not indicated for use for neuropathic pain. There is no rationale for the need for a topical compounded cream versus first-line pain medications. Each component of this medication is not recommended for topical use. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for ketoprofen 10%/cyclobenzaprine 3%/lidocaine 5% was not medically necessary.