

Case Number:	CM14-0007243		
Date Assigned:	02/12/2014	Date of Injury:	01/04/1991
Decision Date:	07/29/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/20/2014

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 67-year-old female who has filed a claim for lumbar disc protrusion and multiple orthopedic abnormalities associated with an industrial injury date of January 04, 1991. Review of progress notes indicates right upper back pain, low back pain, and bilateral elbow pain. Findings of the upper back include significant spasm and tenderness over the thoracic region. Findings of the low back include significant spasm and tenderness over the paraspinals, painful and decreased range of motion, and positive sciatic stretch. Examination of the bilateral ankles showed mild effusion. There was no edema. Patient also reports symptoms of depression. Patient is currently working. Treatment to date has included NSAIDs, opioids, glucosamine, Wellbutrin, sedatives, topical compounded analgesics, Vitamin B12 injections, Toradol injections, aquatic therapy, home exercise program, and several right and left knee surgeries. Utilization review from January 20, 2014 denied the retrospective requests (date of service 11/22/2013) for compression stockings #2 as there was no documentation of lower extremity edema, swelling, or venous disorders; Fluriflex cream 15/10% 180g and TGIce cream 8/10/2/2% 180g as the components are not recommended for topical use; Lidoderm patch #30 as there was no documentation of neuropathic pain or use of first-line medications; and Nexium 20mg #30 as there was no documentation of GI complaints, diagnoses, or risk factors. There was modified certification for 6 physical therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compression stockings #2 (DOS: 11/22/2013): 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 Official Disability Guidelines (ODG) Knee and Leg chapter, Compression garments.

Decision rationale: The MTUS does not address this topic. The Official Disability Guidelines (ODG) states that compression garments are recommended. Low levels of compression are effective in the management of telangiectasias after sclerotherapy, varicose veins in pregnancy, and the prevention of edema and deep vein thrombosis (DVT). High levels are effective at healing leg ulcers, preventing progression of post-thrombotic syndrome, and managing lymphedema. In this case, there is no documentation of the abovementioned conditions, or conditions that would render the patient immobile. Therefore, the retrospective request for compression stockings #2 (DOS: 11/22/2013) is not medically necessary and appropriate.

Eight (8) physical therapy sessions for lumbar spine (DOS: 11/22/2013): 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: The MTUS 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 based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. For myalgia and myositis, 9-10 visits over 8 weeks is recommended. Patient has had previous aquatic therapy sessions, and there is no documentation regarding the functional benefits derived. There is also no documentation as to the goals and benefits expected from the requested physical therapy sessions. Therefore, the request for 8 physical therapy sessions for the lumbar spine (DOS: 11/22/2013) is not medically necessary and appropriate.

Fluriflex cream 15/10% 180 gm (DOS: 11/22/2013): 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: Fluriflex contains Flurbiprofen 10% and Cyclobenzaprine 10%. According to the MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

Cyclobenzaprine is not recommended for use as a topical analgesic. In addition, there is little to no research as for the use of flurbiprofen in compounded products. In this case, there is no documentation regarding intolerance to or failure of oral pain medications. Additionally, there is no documentation indicating the need for variance from the guidelines. Therefore, the retrospective request for Fluriflex cream 15/10% 180g (date of service 11/22/2013) is not medically necessary and appropriate.

TGIce crea, 8/10/2/2% 180 gm (DOS: 11/22/2013): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: TGIce contains tramadol/gabapentin/menthol/camphor 8%/10%/2%/2%. The MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The MTUS does not support the use of both opioid medications and gabapentin in a topical formulation. Regarding the Menthol component, MTUS guidelines does not cite specific provisions, but the Official Disability Guidelines (ODG) Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, camphor, or capsaicin, may in rare instances cause serious burns. In this case, there is no documentation regarding intolerance to or failure of oral pain medications. There is no documentation indicating the need for variance from the guidelines. Therefore, the retrospective request for TGIce cream 8/10/2/2% 180g (date of service 11/22/2013) is not medically necessary and appropriate.

Lidoderm patch #30 (DOS: 11/22/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine/Anti-Epilepsy Drugs (Aeds).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED such as gabapentin or Lyrica). In this case, the recent progress notes do not document neuropathic pain symptoms. There is also no documentation of use of first-line medications as listed above. Therefore, the retrospective request for Lidoderm patch #30 (DOS: 11/22/2013) is not medically necessary and appropriate.

Nexium 20 mg #30 (DOS: 11/22/2013): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids-Git Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. In this case, there is no documentation of previous use of this medication. Patient was previously on Omeprazole since September 2013. The patient is on NSAID therapy, is over 65 years old, and reports symptoms of heartburn and stomachache. Use of a proton pump inhibitor is a reasonable option in this patient to protect the stomach and manage the GI symptoms. Therefore, the retrospective request for Nexium 20mg #30 (DOS: 11/22/2013) is medically necessary and appropriate.