

Case Number:	CM14-0159274		
Date Assigned:	10/02/2014	Date of Injury:	09/02/2009
Decision Date:	10/29/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 53 year old female with a date of injury on 9/2/2009. Diagnoses include right arm radiculopathy, bilateral upper extremity tendinopathy, right shoulder impingement syndrome, and L4-5 disc protrusion with radiculopathy. Subjective complaints are of neck pain, shoulder pain, low back pain, and headaches. The pain is rated at 8-9/10. Physical exam shows patient is 4' 11" and weighs 125 pounds. There is painful cervical range of motion, positive head compression sign, and tightness in cervical musculature, right shoulder decreased range of motion. The right shoulder has positive impingement signs and crepitus on motion. There is low back tenderness, spasm and decreased range of motion. Medications include omeprazole, b-complex, and neurobion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection into right sided lumbar (2cc kenalog and 6cc of lidocaine) (retrospective): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: CA MTUS guidelines recommends trigger point injections for myofascial pain when trigger points are identified, symptoms have persisted for more than 3 months, and conservative treatments have failed including non-steroidal anti-inflammatory drugs (NSAIDS) and muscle relaxants. Further criteria include no evidence of radiculopathy, and frequency of injections should not be greater than two months. For this patient, there is not clear objective evidence of a palpable taut band of skeletal muscle in the lumbar area or evidence of failure of conservative treatments. Therefore, the medical necessity for a trigger point injection is not established at this time.

Aqua therapy for lumbar spine eight (8) visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy, Aquatic therapy

Decision rationale: CA MTUS recommends aquatic therapy as an alternative to land based therapy specifically if reduced weight bearing is desirable, for example extreme obesity. The ODG recommends aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For this patient, there is no evidence of extreme obesity or presented rationale why land based exercise or therapy was not sufficient. Therefore, the medical necessity of aquatic therapy is not established.

Fluriflex (Flurbiprofen/Cyclobenzaprine 15/10%) Cream 240gm: 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: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended, the entire product should not be recommended. CA MTUS indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. Topical cyclobenzaprine is not recommended as there is no peer-reviewed literature to support its use. Therefore, this compounded medication does not meet current use guidelines, and is not medically necessary.

Tghot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8%/10%/2%/2%/.05%) Cream #240gm: 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: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Topical gabapentin and tramadol are not recommended as there is no peer-reviewed literature to support their use. Therefore, this compounded medication does not meet current use guidelines, and is not medically necessary.