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| Case Number: | CM14-0038252 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 03/28/2011 |
| Decision Date: | 08/19/2014 | UR Denial Date: | 03/03/2014 |
| Priority: | Standard | Application Received: | 04/01/2014 |

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:

This is a 58-year-old male patient with a 3/28/11 date of injury. He was a construction worker who injured himself at work when a large amount of dirt fell on him and he sustained a spinal cord injury with a T11-12 fracture dislocation with resultant paraplegia. On 2/4/14, it was documented that the patient had an acute onset of back pain and presented to the ER, and a CT scan was performed at that time that was stable. The patient's increased back pain has not responded to medications or rest. The patient notes that physical therapy has been helpful for his shoulder pain and is requesting physical therapy for his back. A progress report dated on 3/27/14 indicated that the patient complained of moderate to severe back pain, which radiated to his paralyzed legs. His pain could reach to 9/10 on a visual analogue scale. He was also struggling with painful spasm in his legs, which were becoming atrophied. Objective findings revealed that the patient had problem with doing exercise such as lifting his upper body from wheelchair by his hands. It caused pain in his shoulders. He was diagnosed with T12 level spinal cord injury, Paraplegia, Neuropathic pain, Left shoulder rotator cuff partial tear and tendinosis of the long of the biceps tendon. Moderate acromioclavicular joint osteoarthritis and Lumbosacral muscle strain. The patient's treatment to date included medication management, prior physical therapy, anterior fusion from T1-T11 and posterior lateral fusion for T6 to L3, T11 and T12 bilateral laminectomies along with instrumentation. There is documentation of a previous 3/3/14 adverse determination, based on the fact that there was no documentation of specification of type of physical therapy, therefore the physical therapy session #12 session did not certified. Topical analgesics were not certified, because guidelines did not recommend topical compounded analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions For The Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 114.

Decision rationale: The California MTUS stresses 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 is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. This patient is status post a traumatic T12 spinal cord injury with resultant paraplegia with associated painful muscle spasms and neurogenic bowel and bladder. His pain increased in severity to the point that he required a trip to the emergency department. The patient reports that physical therapy has improved his shoulder pain. The provider is requesting a trial of physical therapy to help with the patient's acute exacerbation of his chronic pain. Therefore the request for 12 Physical Therapy Sessions for the back was not medically necessary.

Cyclobenzaprine /Diclofenac /Lidocaine /Gabapentin Topical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, guidelines do not recommended topical analgesics use, because there was little to no research to support the use of many these agents. In addition, as cited California MTUS any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no specific rationale provided as to why the patient needs this medication despite lack of guidelines support. Therefore, the request for Cyclobenzaprine /Diclofenac /Lidocaine /Gabapentin Topical was not medically necessary.