

Case Number:	CM14-0052718		
Date Assigned:	07/07/2014	Date of Injury:	02/16/2013
Decision Date:	08/13/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 26-year-old female who reported an injury on 02/16/2013. The mechanism of injury was noted to be a human bite. She had prior treatments of physical therapy and medication. Her diagnosis was noted to be cervical spine strain with a human bite and palsy of the long thoracic nerve, as well as scapular winging and right shoulder impingement with a possible rotator cuff tear. The injured worker had an orthopedic consultation on 03/24/2014. It was noted she had complaints of neck and right shoulder pain, with deformity, numbness, and tingling in her hands. The physical examination found the injured worker to have severe scapular winging present on the right side. There was severe loss of cervical lordosis. There was tenderness about the cervical spine, trapezius area, and right shoulder. She had 50 degrees of flexion and 40 degrees of extension of the cervical spine. Neurogenic compression test and vascular compression test were negative. Cranial nerves II - VII were grossly intact. It is noted in the treatment plan the injured worker was to continue physical therapy to build up strength and increase range of motion. The provider's rationale for 1 of the 3 requests was provided within the documentation. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theraflex cream 120gm, prescribed 03/24/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: The request for Theraflex cream 120 gm prescribed on 03/24/2014 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trial to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Theraflex transdermal cream has an active ingredient called flurbiprofen. Flurbiprofen is an NSAID. The guidelines also state in regard to topical creams and gels that the efficacy in trials for treatment modality are inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment, but after they have a diminishing effect over another 2 week period. The guidelines continue to state these medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. The documents provided do not indicate a failed trial of antidepressants or anticonvulsants. The provider's request fails to indicate a frequency and topical location for administration. Therefore, the request for Theraflex cream 120 gm prescribed 03/24/2014 is not medically necessary.

Keratek gel 4 ounce bottle, prescribed 3/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation National Institutes of Health.

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

Decision rationale: The request for Keratek gel 4 ounce bottle prescribed 03/24/2014 is not medically necessary. The medication Keratek gel contains menthol and methyl salicylate. The California MTUS Chronic Pain Medical Treatment Guidelines do recommend topical salicylate and note that it is significantly better than placebo in chronic pain. However, the documentation provided does not indicate the efficacy with use of Keratek gel. In addition, the provider's request fails to indicate a frequency and a location for topical application. Therefore, the request for Keratek gel 4 ounce bottle prescribed 03/24/2014 is not medically necessary.

Physical Therapy 3 times a week for 4 weeks, cervical spine: 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 request for physical therapy 3 times a week for 4 weeks, cervical spine, is not medically necessary. It is not noted within the documentation how many clinical visits the injured worker has had for physical therapy to the cervical spine. The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical medicine and note 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. The physical medicine guidelines allow for 8-10 visits over 4 weeks. The documentation provided for review does not adequately address the objective functional limitations of the injured worker. In addition, the request for 12 visits is in excess of the guidelines' 8-10. Therefore, the request for physical therapy 3 times a week for 4 weeks, cervical spine, is not medically necessary.