MAXIMUS Federal Services

Case Number:	CM14-0055310		
Date Assigned:	08/08/2014	Date of Injury:	09/07/2011
Decision Date:	09/23/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/24/2014

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 Nevada. 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 41-year-old female was reportedly injured on September 7, 2011. The mechanism of injury is listed as repeated picking up and loading of boxes. The most recent progress note, dated April 9, 2014, indicates that there are ongoing complaints of lumbar spine pain radiating to the right lower extremity. Current medications include omeprazole and naproxen. The physical examination demonstrated tenderness and spasms along the lumbar spine paravertebral muscles and the left sacroiliac joint. There was decreased lumbar spine range of motion and an absent right-sided patellar reflex. Diagnostic imaging studies of the lumbar spine showed a 4 mm paracentral disc protrusion at L4 - L5 abutting the right exiting nerve root. Previous treatment includes epidural steroid injections and acupuncture. A request had been made for physiotherapy for the lumbar spine, cyclobenzaprine/gabapentin/ flurbiprofen cream, tramadol cream and was not certified in the pre-authorization process on April 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 3 x 4 to Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. The injured employee appears to be a good candidate for physiotherapy however as this request is for 12 additional visits, this request for Physiotherapy three times a week for four weeks for the Lumbar Spine is not medically necessary.

30 grams of Cyclobenzaprine 20%, Gabapentin 10% QTY # 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents including cyclobenzaprine and gabapentin. Considering this, the request for Cyclobenzaprine/Gabapentin is not medically necessary.

30 grams of Flurbiprofen 20% QTY #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support topical non-steroidal anti-inflammatory drugs (NSAIDs) for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured employees diagnosis of low back pain, this request for Flurbiprofen is not medically necessary.

30 grams of Tramadol 20% QTY # 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine and capsaicin. There is no known efficacy of any other topical agents including tramadol. Considering this, the request for 30 g for Tramadol 20% is not medically necessary.