

Case Number:	CM14-0081640		
Date Assigned:	07/18/2014	Date of Injury:	10/20/2004
Decision Date:	09/22/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 72-year-old patient female with a 10/20/04 date of injury. The 6/2/14 UR review described non-certification for additional physical therapy, as there was lack of functional improvement from prior physical therapy. The 4/24/14 Progress note described low back pain, as well as bilateral lower extremity pain. There was noted significant improvement in symptoms following physical therapy, and ability has significantly improved. However, since physical therapy has ended, symptoms have increased and range of motion is more limited. Additional physical therapy is pending. Clinically, there was lumbar spine tenderness, reduced range of motion; 3/5 strength in the left lower extremity. There was reduced sensation on the left, L1-S1; and positive SLR. 3/20/14 AME concluded that the patient was clearly at P&S/MMI. Future care was recommended, to include physical therapy, medications, injections, and other non-operative measures. If there is worsening of the patient's condition, conservative measures would be indicated. The 1/4/14 UR review report modified a request for physical therapy to 9 sessions from the requested 24 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill topical combination ointment with anesthetic, anti-inflammatory, neuropathic, and muscle relaxer components: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2. Topical analgesics (page 111-113) Page(s): 111-113.

Decision rationale: Medical necessity is not established for the topical medication. CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. The topical medication requested contains anesthetic, anti-inflammatory, neuropathic, and muscle relaxant components. However, guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no specific discussion regarding efficacy of this topical medication, reduction in PO medication, or specific functional improvement. Therefore, this request is not medically necessary.

Physical therapy 2-3 times a week for 4-6 weeks (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114).

Decision rationale: Medical necessity for additional physical therapy is not established. Although there is some noted functional improvement from rendered physical therapy, pre-treatment assessment with specific functional improvement measurements has not been noted. The exact number of rendered physical therapy sessions for this 2004 date of injury has not been documented. CA 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. Therefore, this request is not medically necessary.