

Case Number:	CM14-0082478		
Date Assigned:	08/27/2014	Date of Injury:	01/08/2001
Decision Date:	09/23/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/03/2014

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:

This patient sustained an injury on 1/8/2001 while employed by [REDACTED]. Request(s) under consideration include Aqua therapy 2x4 lumbar and Topical Compound cream flurbiprofen 20%/ cyclobenzaprine 10%/ menthol 4%. Diagnoses included cervical stenosis and radicular pain; chronic lumbar strain/ disc herniation; Headaches and psychiatric complaints; and Post-traumatic stress and anxiety. Report of 5/6/14 from the provider noted the patient with persistent diffuse nonspecific pain. The patient stated her internal medicine doctor advised she has fibromyalgia. Norco provides pain relief from 8/10 down to 4/10. The patient continues not working and states therapy has helped her neck feel better, but the back has no relief. Exam showed cervical spine with limited range; tenderness in trapezius and paravertebrals; positive shoulder depression and cervical compression along with Spurling's; diffuse 4/5 motor strength in C5-8 roots bilaterally with diffuse sensation in C5-8 distribution; DTRs 1++ bilaterally; Lumbar spine with limited range; diffuse tenderness; positive Kemp's; diffuse motor weakness of 4/5 and sensation decreased throughout L4-S1 nerve roots with DTRs 1++ in lower extremities. The request(s) for Aqua therapy 2x4 lumbar and Topical Compound cream flurbiprofen 20%/ cyclobenzaprine 10%/ menthol 4% were non-certified on 5/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2x4 lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS regarding Aquatic Therapy ; Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: This patient sustained an injury on 1/8/2001 while employed by [REDACTED]. Request(s) under consideration include Aqua therapy 2x4 lumbar and Topical Compound cream flurbiprofen 20%/ cyclobenzaprine 10%/ menthol 4%. Diagnoses included cervical stenosis and radicular pain; chronic lumbar strain/ disc herniation; Headaches and psychiatric complaints; and Post-traumatic stress and anxiety. Report of 5/6/14 from the provider noted the patient with persistent diffuse nonspecific pain. The patient stated her internal medicine doctor advised she has fibromyalgia. Norco provides pain relief from 8/10 down to 4/10. The patient continues not working and states therapy has helped her neck feel better, but the back has no relief. Exam showed cervical spine with limited range; tenderness in trapezius and paravertebrals; positive shoulder depression and cervical compression along with Spurling's; diffuse 4/5 motor strength in C5-8 roots bilaterally with diffuse sensation in C5-8 distribution; DTRs 1++ bilaterally; Lumbar spine with limited range; diffuse tenderness; positive Kemp's; diffuse motor weakness of 4/5 and sensation decreased throughout L4-S1 nerve roots with DTRs 1++ in lower extremities. The request(s) for Aqua therapy 2x4 lumbar and Topical Compound cream flurbiprofen 20%/ cyclobenzaprine 10%/ menthol 4% were non-certified on 5/21/14. Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aqua therapy 2x4 lumbar is not medically necessary and appropriate.

Compound cream flurbiprofen 20%/cyclobenzaprine 10%/menthol 4%: Upheld

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

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

Decision rationale: This patient sustained an injury on 1/8/2001 while employed by [REDACTED]. Request(s) under consideration include Aqua therapy 2x4 lumbar and Topical Compound cream flurbiprofen 20%/ cyclobenzaprine 10%/ menthol 4%. Diagnoses included cervical stenosis and radicular pain; chronic lumbar strain/ disc herniation; Headaches and psychiatric complaints; and Post-traumatic stress and anxiety. Report of 5/6/14 from the provider noted the patient with persistent diffuse nonspecific pain. The patient stated her internal medicine doctor advised she has fibromyalgia. Norco provides pain relief from 8/10 down to 4/10. The patient continues not working and states therapy has helped her neck feel better, but the back has no relief. Exam showed cervical spine with limited range; tenderness in trapezius and paravertebrals; positive shoulder depression and cervical compression along with Spurling's; diffuse 4/5 motor strength in C5-8 roots bilaterally with diffuse sensation in C5-8 distribution; DTRs 1++ bilaterally; Lumbar spine with limited range; diffuse tenderness; positive Kemp's; diffuse motor weakness of 4/5 and sensation decreased throughout L4-S1 nerve roots with DTRs 1++ in lower extremities. The request(s) for Aqua therapy 2x4 lumbar and Topical Compound cream flurbiprofen 20%/ cyclobenzaprine 10%/ menthol 4% were non-certified on 5/21/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2001 without documented functional improvement from treatment already rendered. The Topical Compound cream flurbiprofen 20%/ cyclobenzaprine 10%/ menthol 4% is not medically necessary and appropriate.