

Case Number:	CM14-0087884		
Date Assigned:	07/23/2014	Date of Injury:	05/04/2004
Decision Date:	09/18/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/11/2014

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 69-year-old female who reported an injury on 05/04/2004. The mechanism of injury was not stated. Current diagnoses include chronic cervicgia, chronic lumbar strain, right shoulder rotator cuff tear, and right knee meniscal tear. The injured worker was evaluated on 05/01/2014 with complaints of persistent pain over multiple areas of the body. The previous conservative treatment is noted to include cognitive behavioral therapy, medication management, and physical therapy. The current medication regimen includes Anaprox, Prilosec, and a compounded cream. Physical examination on that date revealed limited cervical and lumbar range of motion, tenderness to palpation over the trapezius and paravertebral muscles bilaterally, hypertonicity in the trapezius muscles, 1+ deep tendon reflexes in the upper extremities, tenderness to palpation over the lumbar paraspinal muscles, hypertonicity in the lumbar paraspinal muscles, positive Kemp's testing, and 1+ deep tendon reflexes in the bilateral lower extremities. The injured worker also demonstrated positive impingement testing with diminished strength in the bilateral shoulders. Treatment recommendations at that time included additional physical therapy for the neck and lower back and continuation of the current medication regimen as well as a urinalysis. A Request for Authorization form was then submitted on 05/16/2014 for physical therapy, a urinalysis, Keratek analgesic gel, Flurbiprofen/Cyclobenzaprine/Menthol cream, Naproxen sodium, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for six (6) weeks to the cervical and lumbar 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 Page(s): 98-99.

Decision rationale: California MTUS Guidelines state 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 injured worker has previously participated in physical therapy. However, there was no documentation of the previous course of treatment with evidence of objective functional improvement. Therefore, additional treatment cannot be considered as medically necessary.

Urinalysis for the next visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there is no mention of noncompliance or misuse of medications. There is also no indication that this injured worker falls under a high risk category that would require frequency monitoring. The medical necessity has not been established. As such, the request is not medically necessary and appropriate.

Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/4%) 180gm: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is Diclofenac. Muscle relaxants are not

recommended for topical use. There is also no frequency listed in the request. As such, the request is not medically appropriate.