

Case Number:	CM14-0094028		
Date Assigned:	07/25/2014	Date of Injury:	02/24/2012
Decision Date:	09/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/23/2014

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 records, presented for review, indicate that the injured worker is a 66-year-old individual who was reportedly injured on February 24, 2012. The mechanism of injury was noted as being involved in a motor vehicle collision. The most recent progress note, dated February 24, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness to palpation and a decreased lumbar spine range of motion. Diagnostic imaging studies were not reported. Previous treatment included lumbar surgery from injury dating back to 1972, and a lumbar fusion at L4-L5 also previous to the date of injury. A request had been made for topical preparations and additional aquatic therapy and was not certified in the pre-authorization process on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% /Lidocaine 5% /Menthol 1% /Capsaicin 0.025%, DOS 5/19/14: 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: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, the request for Flurbiprofen 25% /Lidocaine 5% /Menthol 1% /Capsaicin 0.025%, DOS 5/19/14 is not medically necessary and appropriate.

Additional aquatic therapy, quantity 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: As outlined in the MTUS, this is an optional form of exercise therapy. However, there is no indication why more traditional land-based protocols cannot be accomplished. Furthermore, when noting the length of treatment parameters noted, transition to home exercise program is all that would be clinically indicated at this time. As such, the request for additional aquatic therapy, quantity 8 is not medically necessary and appropriate.