

Case Number:	CM14-0186856		
Date Assigned:	11/14/2014	Date of Injury:	04/08/2005
Decision Date:	01/06/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/10/2014

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 Orthopedic Surgeon, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 56-year-old female who reported injuries due to cumulative trauma on 04/08/2005. On 10/14/2014, her diagnoses included cervical spine pain, cervical disc displacement, cervical spine radiculopathy, bilateral shoulder pain, post-traumatic osteoarthritis of both shoulder AC joints, bilateral wrist pain, right wrist subchondral cyst, thoracic spine degenerative disc disease, lumbar spine pain, lumbar disc displacement, and lumbar radiculopathy. Her complaints included burning radicular neck pain with muscle spasms, burning bilateral shoulder pain radiating down the arms to the fingers with muscle spasms, burning radicular mid back pain with muscle spasms, and burning radicular low back pain with muscle spasms, all rated 6-8/10. She had further complaints of burning bilateral wrist pain with muscle spasms rated 8/10. She reported that her medications offered temporary relief of her pain and improved her ability to have restful sleep. Her medications included Cyclobenzaprine topical cream and 6 other compounded creams. Her treatment plan included recommendations for physical therapy 3 times a week for 6 weeks, and referral to an orthopedic surgeon for her lumbar spine. The rationale for the Cyclobenzaprine cream was that it was effective in the treatment of musculoskeletal conditions, such as low back pain. There was no rationale for the requests for physical therapy or the referral to the orthopedic surgeon. A Request for Authorization dated 10/14/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine: Upheld

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

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

Decision rationale: The request for Cyclobenzaprine is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain control, including muscle relaxants. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines further note that there is no evidence for the use of any muscle relaxant as a topical product. Additionally, this request did not specify whether the Cyclobenzaprine being ordered was in the oral form or as a compounded cream. Furthermore, there was no quantity or frequency of administration. Therefore, this request for Cyclobenzaprine is not medically necessary.

Physical therapy for cervical and lumbar spine x 18: Upheld

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

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

Decision rationale: The request for physical therapy for cervical and lumbar spine x 18 is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function and range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. The recommended schedule for myalgia and myositis, unspecified, is 9 to 10 visits over 8 weeks. On 07/14/2014, during a physical therapy evaluation, it was recommended that this injured worker participate in 8 sessions of physical therapy over 4 weeks. The documentation submitted confirmed her participation in physical therapy. The requested 18 sessions of physical therapy exceeds the recommendations in the guidelines. Therefore, this request for physical therapy for cervical and lumbar spine is not medically necessary.

One orthopedic surgeon consultation regarding PRP injections for bilateral shoulders:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Platelet-Rich Plasma (PRP).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder, Platelet-Rich Plasma (PRP).

Decision rationale: The request for one orthopedic surgeon consultation regarding PRP injections for bilateral shoulders is not medically necessary. The California ACOEM Guidelines recommend that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluations and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery, as well as provide expert medical recommendations. There was no documentation submitted regarding consideration of the PRP injection to the shoulders. The Official Disability Guidelines recommend PRP augmentation as an option, in conjunction with arthroscopic repair for large to massive rotator cuff tears. There was no indications that this injured worker had a large rotator cuff tear, or was a surgical candidate. The need for the requested consultation was not clearly demonstrated in the submitted documentation. Therefore, this request for one orthopedic surgeon consultation regarding PRP injections for bilateral shoulders is not medically necessary.