MAXIMUS Federal Services

Case Number:	CM14-0193802		
Date Assigned:	12/01/2014	Date of Injury:	06/20/2002
Decision Date:	01/16/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/19/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 is a 36 year old male with a date of injury of 6/20/02. Per treating physician report dated 11/7/14, the patient presents with low back pain with numbness and tingling in the bilateral lower extremities. The patient has completed 4 physical therapy sessions. The patient reports improvement in pain and increase in range of motion with PT. He is using Voltaren gel as needed. Examination revealed lumbar spine range of motion flexion 70, extension 15, and lateral flex 30 bilaterally. "Reflexes are patellar 2+ bilaterally, Achilles 1 bilaterally (+) TPP supraspinatus ligament L4-sacrum."The listed diagnoses are1. Residual chronic myofascial low back pain2. 4mm disc protrusion L5-S13. Lumbar radiculitisTreatment plan is for physical therapy, new Rx for transdermal creams and follow up on 12/19/2014. The patient is to return to modified work on 11/7/14. The Utilization review denied the request on 11/18/14. Treatment reports from 6/18/14 through 11/7/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM, Pain, Suffering, and the Restoration of Function Chapter, page 114

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

Decision rationale: This patient presents with low back pain with numbness and tingling in the bilateral lower extremities. The current request is for Physical Therapy x 8. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis-type symptoms 9 to 10 sessions over 8 weeks. The medical records refer to a prior course of physical therapy of sessions. Specific dates of service are not provided. The patient reported improvement in pain and increase in range of motion with prior PT sessions. In this case, the treater's request for additional 8 sessions with the 4 already received exceeds MTUS recommendation of 9-10 sessions. In addition, the treater does not discussion why the patient would not be able to transition into a self-directed home exercise program. This request is not medically necessary.

Flurlido-A cream #240gm: Upheld

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

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

Decision rationale: This patient presents with low back pain with numbness and tingling in the bilateral lower extremities. The current request is for Flurlido-A cream #240gm. Progress report dated 11/7/14 states that Flurlido includes Flurbiprofen 20%, Lidocaine 5% and Amitriptyline 5%. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a non-steroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration...Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for this topical medication as he does not present with osteoarthritis or tendinitis symptoms but suffers from chronic low back pain. This topical compound medication is not medically necessary.

Ultraflex-G Cream #240gm: Upheld

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

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

Decision rationale: This patient presents with low back pain with numbness and tingling in the bilateral lower extremities. The current request is for Ultraflex-G cream #240gm. Progress

report 11/7/14 states that Ultra flex-G cream contains Gabapentin 20%, cyclobenzaprine 6% and Tramadol 10%. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS, gabapentin and cyclobenzaprine are not recommended in any topical formulation and Tramadol had not been tested for transdermal use. This topical compound medication is not medically necessary.