

Case Number:	CM14-0199529		
Date Assigned:	12/10/2014	Date of Injury:	10/28/1997
Decision Date:	01/23/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab 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 is a 46 year old female with a work injury dated 10/29/97 presenting on 11/12/2014 for follow up of right cervico-brachial junction pain and bilateral elbow pain. Prior treatment included myofascial release treatments and chiropractic treatment. Voltaren cream was initially helpful but recently had been less effective. The injured worker (IW) noted a flare up of her bilateral upper extremities a month ago. Physical exam revealed motor strength 5/5 of both upper extremities. She had a positive right compression sign over the right median, more than ulnar nerve area. Phalen's and reverse Phalen's signs were negative. Moderate tenderness was noted over the cervical spine with paraspinal spasms. Range of motion of the cervical spine was complete in all directions with mild pain upon extension, moderate pain upon right rotation, referring to right side, slight pain upon left lateral flexion and left rotation referring to the right side. Diagnoses included: Cervical facet arthralgia, cervical discogenic pain, Myofasciitis with right cervicobrachial junction syndrome, and right lateral and bilateral medial epicondylitis. The IW had been declared permanent and stationary. On 11/17/2014 the provider requested physical therapy and Diclofenac 3% topically three times per day #2 with 6 refills. On 11/24/2014, the utilization review issued a decision determining the request to be non-certified. Regarding non-certification of physical the following was stated: "In this case, the claimant presents with complaints in the upper extremity and neck. However, the event or exacerbation which led to the increase in symptoms is not detailed. The claimant was treated with manual techniques in the past. However, there is no indication that the claimant had a positive response from this kind of treatment in the past. Guidelines cited were MTUS pages 98-99, physical medicine. Regarding non-certification of Diclofenac 3 % gel the following reason was stated: "Without evidence of objective functional benefit with medication use, as well as detailed evidence of failed trials of oral NSAID's medical necessity of the topical medication is not established. Cited Guidelines

were MTUS - Topical analgesics and ODG-TWC Pain Procedure Summary 10/30/2014, Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Upheld

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

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

Decision rationale: This 46 year old female sustained a work injury dated 10/29/97 presented on 11/12/14 for follow up of right cervico-brachial junction pain and bilateral elbow pain. Diagnoses included: Cervical facet arthralgia, cervical discogenic pain, Myofasciitis with right cervicobrachial junction syndrome, and right lateral and bilateral medial epicondylitis. The IW had been declared permanent and stationary. There was report of chronic ongoing pain symptoms with unchanged exam findings. Treatment included request for physical therapy and Diclofenac 3% topically three times per day #2 with 6 refills, non-certified on 11/24/14. 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 (range of motion), 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. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The request is not medically necessary and appropriate.

Diclofenac 3% topically, three (3) times per day, #2 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure

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

Decision rationale: This 46 year old female sustained a work injury dated 10/29/97 presented on 11/12/14 for follow up of right cervico-brachial junction pain and bilateral elbow pain. Diagnoses included: Cervical facet arthralgia, cervical discogenic pain, Myofasciitis with right cervicobrachial junction syndrome, and right lateral and bilateral medial epicondylitis. The IW had been declared permanent and stationary. There was report of chronic ongoing pain symptoms with unchanged exam findings. Treatment included request for physical therapy and Diclofenac 3% topically three times per day #2 with 6 refills, non-certified on 11/24/14. 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 1997 without documented functional improvement from treatment already rendered. The Diclofenac 3% topically, three (3) times per day, #2 with 6 refills is not medically necessary and appropriate.