

Case Number:	CM14-0208553		
Date Assigned:	12/22/2014	Date of Injury:	08/09/2012
Decision Date:	02/18/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain and posttraumatic headaches reportedly associated with an industrial injury of August 9, 2012. In multiple Utilization Review Reports of December 2, 2014, the claims administrator denied several topical compounded lotions, along with a six-session course of physical therapy. The claims administrator referenced progress notes of May 22, 2014, June 24, 2014, and November 11, 2014 in its determination. A variety of non-MTUS Guidelines were invoked, including Third Edition ACOEM Guidelines mislabeled as originating from the MTUS and non-MTUS ODG guidelines. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated February 25, 2014, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was described as moderately obese. The applicant's work status was not clearly described. In a medical legal evaluation of August 20, 2014, the applicant was described as working in a modified role while concurrently attending school in auto mechanics and welding. On May 22, 2014, the applicant was asked to continue doing modified duty work. Norco, Naprosyn, Neurontin, Prilosec, and physical therapy were endorsed. On September 11, 2014, the applicant was, once again, given prescriptions for Naprosyn, Neurontin, Prilosec, and Norco. Additional physical medicine was, once again, endorsed. In a November 11, 2014 progress note, the applicant reported persistent complaints of neck, back, and shoulder pain. The applicant was given refills of Naprosyn, Prilosec, Norco, tramadol, Neurontin, and several topical compounded medications. On this occasion, the applicant was placed off of work, on total temporary disability, for an additional six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Tramcap C lotion 120 g: 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 Capsaicin topic Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Naprosyn, Neurontin, etc., effectively obviated the need for the topical compounded capsaicin-containing agent at issue. Therefore, the request was not medically necessary.

Diflur lotion 120 g: 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 topic Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." Here, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, Tramadol, Naprosyn, Neurontin, etc., effectively obviated the need for the largely experimental topical compounded agent at issue. Therefore, the request was not medically necessary.

Physical therapy 1 to 3 times for a 2 week period for any acute flares QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Preface, and Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Physical Medicine Page(s): 8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on

page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant is off of work, on total temporary disability, despite completion of extensive prior physical therapy in 2014 alone. The applicant remains dependent on opioid agents such as Norco and tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.