MAXIMUS Federal Services

Case Number:	CM15-0000041		
Date Assigned:	01/09/2015	Date of Injury:	05/08/2013
Decision Date:	03/05/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/31/2014

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: 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 injured worker is a female, who sustained an industrial injury on 05/08/2013. A pain management comprehensive office visit dated 08/12/2014 offered objective findings showing a decreased cervical and lumbosacral range of motion along with tenderness in the elbow region, left wrist and hand areas. There is myofascial trigger point in the cervical and lumbosacral paraspinal musculature. She is diagnosed with; cervical and lumbosacral sprain/strain injury, myofascial pain syndrome, possible cervical radiculopathy versus peripheral neuropathy and left wrist hand strain/sprain injury. The plan of care discussed the issue of some body parts not being approved especially the left shoulder, arm and hip. It is noted the body parts with approval are listed as follow; low back, neck and the left hand. At this time the plan of care is to involve treatment on the approved parts. The patient is encouraged to perform exercises at no pain range. Also at this visit noted a request for services of acupuncture. A primary treating office visit dated 09/22/2014 found subjective complaints of persistent pain in the right knee and shoulder. She is diagnosed with DJD right knee and torn medial meniscus, and torn rotator cuff right. The plan of care involve undergoing a cortisone injection to right shoulder, follow up in four weeks and a right TKA needs to be considered. November 10/2014 the patient returned for orthopedic follow up. She has a known history of two arthroscopic procedures on the right knee in 2010 and 2012. She is using a cane to ambulate, but can only endure one half block before the pain overtakes. Recommendation for right total knee replacement. On 12/05/2014 Utilization Review non-certified a request for a compound ointment containing; Flurbioprophen, Baclofen, Cyclobenzaprine, Gabapentin, and Lidocaine as not showing evidence of any trial period of anti-

depressants and or anti-convulsants. The CA MTUS topical ointments was cited. The injured worker submitted an application for IMR for review of the requested services which also includes purchase of a TENS unit, Cyclobenzaprine, 12 sessions of physical therapy and repeat lumbar MRI scanning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15%, baclofen 2%, cyclobenzaprine 2%, gabapentin 6%, lidocaine 2.5%: Upheld

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

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

Decision rationale: The MTUS Guidelines are very specific in stating that only FDA approved topical agents are recommended and if an agent is not approved any compound utilizing that agent is not recommended. The Guidelines specifically state that topical muscle relaxants (baclofen, cyclobenzaprine), topical gabapentin and lidocaine 2.5% are not recommended. The compounded Flurbiprofen 15%, baclofen 2%, cyclobenzaprine 2%, gabapentin 6%, lidocaine 2.5% is not recommended by Guidelines and is not medically necessary.

Purchase of TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trancutaneous electrotherapy Page(s): 114-116.

Decision rationale: The MTUS Guidelines are very specific in stating that prior to the purchase of a TENS unit there should be completed a 30 day trial-rental with clear evidence of benefits. There is no documentation of a 30 day trial which make the request for purchase inconsistent with Guideline recommendations. There are no unusual circumstances to justify an exception to Guidelines. The purchase of a TENS unit is not medically necessary.

Physical therapy for the lumbar spine; 12 sessions: Upheld

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

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

Decision rationale: MTUS Guidelines recommended between 8-10 sessions of physical therapy as generally adequate for this individuals spinal condition. The records document a previous 8 weeks of physical therapy (8-16 sessions) with only short-term benefits. A few sessions may be reasonable to re-establish a home exercise program, but the request for 12 sessions exceeds what is recommended as a complete course of physical therapy even without the prior therapy. There are no unusual circumstances to justify and exception to Guidelines, the request for an additional 12 sessions of physical therapy is not medically necessary.

Cyclobenzaprine 7.5mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: MTUS Guidelines do not recommend the chronic long term use of muscle relaxants. The Guidelines recommend a maximum of 3 weeks daily use for Cyclobenzaprine. There is no evidence that this is being recommended for only short term use during distinct flare-ups. Under these circumstances the Cyclobenazprine 7.5mg. #90 is not supported by Guidelines and is not medically necessary.

MRI of the lumbar spine without contrast: 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), Low Back, MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low Back; Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not recommended MRI studies unless there are persistent new neurological changes or the imaging is necessary for procedural planning. ODG Guidelines are more specific regarding the criteria for repeat lumbar MRI scanning. Unless there is a distinct change in neurological findings or a red flag condition, repeat scans are not recommended. These standards are not met and in the records reviewed the requesting physician does not review the prior MRI findings. Under these circumstances the request for the repeat lumbar MRI is not consistent with Guidelines and is not medically necessary.