

Case Number:	CM15-0101394		
Date Assigned:	06/03/2015	Date of Injury:	11/05/1999
Decision Date:	07/08/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/27/2015

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: Physical Medicine & Rehabilitation

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 70 year old female injured worker suffered an industrial injury on 11/05/1999. The diagnoses included major depressive disorder, chronic pain syndrome, post laminectomy syndrome, sacroiliitis, and lumbar sprain/strain. The injured worker had been treated with spinal surgery, physical therapy, and medications. On 5/6/2015, the treating provider reported low back pain with radiation to the bilateral buttocks with numbness and tingling to both feet. The pain was rated 4/10. There was tenderness to the lumbar spine with reduced range of motion. The treatment plan included Physical Therapy, Diclofenac 6%/Indomethacin 6%/Lidoderm 5%, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic, Physical Therapy.

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

Decision rationale: 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, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional 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 6 Physical Therapy Sessions is not medically necessary and appropriate.

Diclofenac 6%/Indomethacin 6%/Lidoderm 5%: Upheld

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

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

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient with spinal pain without contraindication in taking oral medications. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, posing an increase risk profile without demonstrated extenuating circumstances and indication. There is no documentation of intolerance to oral medication. The Diclofenac 6%/Indomethacin 6%/Lidoderm 5% is not medically necessary and appropriate.

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials 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. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 10mg is not medically necessary and appropriate.