

Case Number:	CM15-0016567		
Date Assigned:	02/04/2015	Date of Injury:	03/29/2013
Decision Date:	05/12/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/28/2015

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: New York
 Certification(s)/Specialty: Internal 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 36 year old male who sustained an industrial injury on 3/29/13. The injured worker reported symptoms in the back and right upper extremity. The diagnoses included acute lumbar strain, bilateral sacroiliac joint strain, right wrist sprain and stomach upset from long term Naprosyn and nonsteroidal anti-inflammatory drugs use. Treatments to date include nonsteroidal anti-inflammatory drugs, anti-inflammatory medications, and a cane. In a progress note dated 12/31/14 the treating provider reports the injured worker was "with persistent pain in the lower back 8-9/10, right wrist and right hand pain is at 8-9/10." On 1/23/15, Utilization Review non-certified the request for physical therapy 2 times per week for 6 weeks, urine toxicology screen, Motrin 800 milligrams quantity of 90, and transdermal agent - Flurbiprofen 20%, Lidocaine 5% 180 Grams. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 2 times per week for 6 weeks: Overturned

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

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

Decision rationale: MTUS, Chronic Pain Treatment Guidelines ODG, Physical Therapy Chapter MTUS and ODG guidelines recommend 10 physical therapy visits over 8 weeks for medical management of Lumbar sprains and strains and intervertebral disc disorders without myelopathy. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Documentation indicates that physical therapy for the Back complains had been deferred due to recent pregnancy. Given that the injured worker has not had significant improvement in physical function with treatment to date, physical therapy is medically appropriate. Per guidelines, the request for Physical therapy (PT) 2 times per week for 6 weeks is medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Documentation does not support that the injured worker is currently on Opioid therapy or at high risk of addiction or aberrant behavior. Per guidelines, the request for Urine Toxicology Screen is not medically necessary.

Motrin 800 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without

documentation of acute exacerbation. Furthermore, documentation indicates a clinical assessment of GI upset with long term NSAID use. With MTUS guidelines not being met, the request for Motrin 800 mg #90 is not medically necessary.

Transdermal agent Flurbiprofen 20%, Lidocaine 5% -180: 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: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Besides the dermal patch (Lidoderm), no other commercially approved topical formulation of lidocaine, including creams, lotions or gels, are indicated for the treatment of neuropathic pain. These forms of Lidocaine are generally indicated as local anesthetics and anti-pruritics. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Transdermal agent Flurbiprofen 20%, Lidocaine 5% -180 is not medically necessary.