

Case Number:	CM15-0136772		
Date Assigned:	07/24/2015	Date of Injury:	12/24/2014
Decision Date:	08/21/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/14/2015

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, Pain Management

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 42 year old male, who sustained an industrial injury on 12/24/2014. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbar disc bulges, lumbar strain, right ankle sprain, status post left knee patella repair, non-industrial. Treatments to date include medication therapy and physical therapy 24 sessions. Currently, he complained of pain in the low back and right ankle. On 5/28/15, the physical examination documented decreased lumbar range of motion and a positive straight leg raise. The right ankle was noted to have palpable tenderness and loss of range of motion. The plan of care included twelve additional physical therapy sessions twice a week for six weeks to treat the lumbar spine and right ankle; and a prescription for Flurbiprofen 20%/ Cyclobenzaprine 10%/ Menthol 4% topical compound cream, 180 grams #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy two (2) times a week for six (6) weeks for the Lumbar Spine/Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, in addition to the 24 sessions already approved, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% 180gm #1 Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Analgesics; Food and Drug Administration - News Release - December 05, 2006, Compounded topical anesthetic creams.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% 180gm #1 Cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% 180gm #1 Cream is not medically necessary.