

Case Number:	CM15-0138263		
Date Assigned:	07/28/2015	Date of Injury:	12/12/2014
Decision Date:	09/21/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/16/2015

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:

This 41 year old female sustained an industrial injury on 12-12-14. She subsequently reported low back, right hip and thigh and groin pain. Diagnoses include lumbago, sprain hip and thigh and sciatica. Treatments to date include MRI testing, injections and prescription pain medications. The injured worker continues to experience low back and right hip pain. Upon examination of the lumbar spine, there is slight tenderness at the lumbosacral junction. Lumbar ranges of motion produce pain. With direct palpation to the right L4-5 and L5-S1 facets, they are enlarged and very painful to palpation. A request for Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% in Lidoderm Active Max 1.6gms #1 with 5 refills, Physical therapy reevaluation for the lumbar spine, Therapeutic exercises twice weekly for 6 weeks for the lumbar spine, Joint mobilization twice weekly for 6 weeks for the lumbar spine, Spinal stabilization twice weekly for 6 weeks for the lumbar spine and Soft tissue mobilization twice weekly for 6 weeks for the lumbar spine was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% in Lidoderm Active Max 1.6gms #1 with 5 refills: 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 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for topical medication, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Muscle relaxants and anti-epilepsy drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested topical medication is not medically necessary.

Physical therapy reevaluation for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy reevaluation, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) 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 some nonspecific functional improvement noted, but there is no clear indication of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy reevaluation is not medically necessary.

Therapeutic exercises twice weekly for 6 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127.

Decision rationale: Regarding the request for therapeutic exercises, it is noted that additional physical therapy has been determined to be not medically necessary. Therefore, therapeutic exercises are not medically necessary. Furthermore, the request exceeds the amount of 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 therapeutic exercises are not medically necessary.

Joint mobilization twice weekly for 6 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127.

Decision rationale: Regarding the request for joint mobilization, it is noted that additional physical therapy has been determined to be not medically necessary. Therefore, this request is also not medically necessary. Furthermore, the request exceeds the amount of 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 joint mobilization is not medically necessary.

Spinal stabilization twice weekly for 6 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127.

Decision rationale: Regarding the request for spinal stabilization, it is noted that additional physical therapy has been determined to be not medically necessary. Therefore, this request is also not medically necessary. Furthermore, the request exceeds the amount of 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 spinal stabilization is not medically necessary.

Soft tissue mobilization twice weekly for 6 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127.

Decision rationale: Regarding the request for soft tissue mobilization, it is noted that additional physical therapy has been determined to be not medically necessary. Therefore, this request is

also not medically necessary. Furthermore, the request exceeds the amount of 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 soft tissue mobilization is not medically necessary.