

Case Number:	CM15-0139202		
Date Assigned:	07/29/2015	Date of Injury:	01/05/2000
Decision Date:	09/24/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/17/2015

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 injured worker is a 68 year old male, who sustained an industrial injury on 01-05-2000. The injured worker is currently temporarily totally disabled according to progress report dated 05-06-2015. The injured worker is currently diagnosed as having spasmodic torticollis, cervical spondylosis with myelopathy, and gait disturbance. Treatment and diagnostics to date has included psychiatric treatment, home health aide visits, and medications. In a progress note dated 05-06-2015, the injured worker reported nausea, loss of balance, pain in lower portion of spine. Objective findings included improved range of motion with spine, less spasms, and spasticity and pain near occiput persists. The treating physician reported requesting authorization for topical Ketoprofen and Ketamine cream and physical therapy for gait training, strengthening, and balance training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream - Ketoprofen 20%/Ketamine 10% 30 grams 1 month: 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: The patient presents on 05/06/15 with pain in the occipital region which radiates into the head, ringing in the ears and nausea. The patient's date of injury is 01/05/00. Patient is status post botox injections to the occipital region on 04/22/15. The request is for Topical Cream - Ketoprofen 20%/ketamine 10% 30 grams 1 month. The RFA for this request is undated. Physical examination dated 05/06/15 reveals an increased prominence just under the occiput, increased paraspinal muscle bulk with hyperesthesia's noted in the surrounding areas. The patient is currently prescribed a compounded topical cream containing Ketoprofen and Ketamine. Patient is currently classified as temporarily totally disabled. MTUS Topical Analgesics section, under Non-steroidal anti-inflammatory agents (NSAIDs) has the following: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder". In regard to the request for a topical compound containing Ketoprofen and Diclofenac, this patient does not meet guideline criteria and the requested cream contains unsupported ingredients. This patient presents with cervical spine and occipital complaints. MTUS guidelines indicate that topical NSAID medications are appropriate for complaints in the peripheral joints. However, the guidelines also specifically state that there is little evidence to utilize such medications for complaints outside of the peripheral joints. Ketamine is also not currently supported in topical formulations. Guidelines also state that any topical medication which contains an unsupported ingredient is not indicated. The request is not medically necessary.

Physical therapy 2 x 8 for gait training, transfer training and balance training: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

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

Decision rationale: The patient presents on 05/06/15 with pain in the occipital region which radiates into the head, ringing in the ears and nausea. The patient's date of injury is 01/05/00. Patient is status post botox injections to the occipital region on 04/22/15. The request is for Physical Therapy 2x8 for gait training, transfer training, and balance training. The RFA for this request is undated. Physical examination dated 05/06/15 reveals an increased prominence just under the occiput, increased paraspinal muscle bulk with hyperesthesia's noted in the surrounding areas. The patient is currently prescribed a compounded topical cream containing Ketoprofen and Ketamine. Patient is currently classified as temporarily totally disabled. MTUS Physical Medicine Section, pages 98, 99 has the following: "Recommended as indicated below. Allow

for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 16 physical therapy sessions for gait, transfer, and balance training, the provider has exceeded guideline recommendations. There is no evidence that this patient has completed any recent physical therapy. MTUS allows for 8-10 sessions of physical therapy for complaints of this nature. Were the request for 8 sessions, the recommendation would be for approval. However, 16 sessions of physical therapy exceeds guideline recommendations and cannot be substantiated. Therefore, the request is not medically necessary.