

Case Number:	CM15-0141955		
Date Assigned:	07/31/2015	Date of Injury:	03/22/2009
Decision Date:	08/31/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/21/2015

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 48 year old male who sustained an industrial injury on 03-22-2009. Mechanism of injury occurred when he backed up into a corner table while at work injuring his low back. Diagnoses include lumbar strain, status post lumbar fusion and failed back surgery syndrome. Comorbidities include hypertension, sleep disturbance and depression. Treatment to date has included diagnostic studies, medications, and status post posterior L4-5 and L5-S1 fusion on 08-20-2010, physical therapy, acupuncture, use of a Transcutaneous Electrical Nerve Stimulation unit, use of a cane and lumbar spine support. He is unable to work. He takes Ultram for pain. A physician progress note dated 06-23-2015 documents the injured worker complains of ongoing constant pain, which radiates to both leg and he has associated numbness and tingling. He has weakness of the low back and lower extremities. He complains of giving way. There is tenderness at the knee joints and there is tenderness at the plantar fascia. There is tenderness along the left, greater than right lumbar paravertebral muscles, and spinous process and left sacroiliac joint and left sciatic notch. There is decreased sensation along the left greater than right lower extremities, and the medial-lateral bilateral thighs, medial-lateral bilateral legs, and lateral-dorsomedial bilateral foot. He has positive straight leg raising bilaterally. Supine Lasegue's is positive bilaterally left greater than right. He has tenderness at the knee joint and there is tenderness at the plantar fascia, along with tenderness to the left trochanter. Treatment requested is for Flur/Cap/Camp/Menthol Cream, and Physical Therapy 12 visits for the lumbar. Notes indicate that the patient just started PT as of June 23, 2015. Additional PT is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flur/Cap/Camp/Menth Cream: Upheld

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

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

Decision rationale: Regarding the request for Flur/Cap/Camp/Menth 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. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the abovementioned criteria has been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Flur/Cap/Camp/Menth Cream is not medically necessary.

Physical Therapy 12 visits for the Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Physical Medicine 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, it is unclear how many therapy sessions have been provided, making it impossible to determine if the patient has exceeded the number recommended by guidelines. In light of the above issues, the currently requested additional physical therapy is not medically necessary.