MAXIMUS Federal Services

Case Number:	CM15-0144532		
Date Assigned:	08/12/2015	Date of Injury:	08/22/2003
Decision Date:	09/29/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/27/2015

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, Hawaii
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 51 year old, female who sustained a work related injury on 8-22-03. The diagnoses have included left cervical spine radiculopathy, multilevel disc disease and stenosis at the lateral recesses bilaterally at C4-5, C5-6 and C6-7. Treatments have included rest, oral medications, physical therapy, TENS unit therapy, and home exercises. In the PR-2 dated 6-8-15, the injured worker reports persistent pain in her neck that she rates at 3-4 out of 10. The pain is intermittent and improving with physical therapy. She still has pain that radiates down the left arm to her hands with slightly decreased strength and sensation at C5 only. The pain is made better with rest and medications. She is taking her medicine one to two times a day with almost every other day so she is using less medication as she states that she has less pain due to the physical therapy but she still has decreased range of motion and still has some pain. She has completed 9 out of 12 physical therapy sessions with increased range of motion and less pain. She is able to do more activities of daily living around the house. She feels less pain with driving when she is turning her head laterally. The pain is made worse with activities. On physical exam, she has slightly decreased cervical range of motion in all planes, but this is improved since last visit. She has tenderness and hypertonicity over the cervical paraspinal muscles and trapezius muscles. There is a positive Spurling's test on the left. She has decreased strength and sensation at 4 out 0f 5 on the left in the C5 only. She is not working. The treatment plan includes completing remaining 3 physical therapy sessions and requests for more physical therapy and medicated topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine 20%/5%/4% cream 180 grams: Upheld

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

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

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Flurbiprofen/Baclofen/Lidocaine 20%/5%/4% cream 180 grams. The treating physician report dated 6/8/15 states, "Request authorization for Flurbiprofen/Baclofen /Lidocaine cream (20%5%4%) 180gm SIG: Apply a thin layer 2-3 times per day." (26B) The MTUS guideline only recommended lidocaine as a dermal patch not as not a cream. In this case, the treating physician has requested a cream that is not supported by the MTUS guidelines. The current request is not medically necessary.

Physical therapy two times four to cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with pain affecting the cervical spine. The current request is for Physical Therapy two times four to cervical spine. The treating physician report dated 6/18/15 states, "Request authorization for additional physical therapy, two times a week for four weeks to the cervical spine to transition to home exercise program." (26B) The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In this case, the treating physician has documented that the patient has completed 12 sessions of physical therapy. There is no documentation of any recent surgery, flare-up, new injury or new diagnosis that would require additional physical therapy and there is no discussion as to why the patient is not currently able to transition to a home exercise program. The current request is not medically necessary.