

Case Number:	CM15-0149353		
Date Assigned:	08/12/2015	Date of Injury:	03/03/2015
Decision Date:	09/14/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/31/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a [REDACTED] employee who has filed a claim for hand, neck, low back, knee, and foot pain reportedly associated with an industrial injury of March 3, 2015. In a Utilization Review report dated July 13, 2015, the claims administrator failed to approve requests for several topical compounded agents and eight sessions of physical therapy. An orthopedic surgery consultation was approved. The claims administrator referenced a May 14, 2015 progress note in its determination. Despite the fact that the case did not appear to be a chronic pain case as of the date in question, the MTUS Chronic Pain Medical Treatment Guidelines were nevertheless invoked. The claims administrator contended that the attending provider had not stated how much prior therapy the applicant had had. The applicant's attorney subsequently appealed. On May 14, 2015, the applicant reported multifocal complaints of hand, thumb, neck, low back, knee, and foot pain, 8-9/10. The applicant had developed derivative issues with anxiety, depression, insomnia, and headaches, it was reported. The applicant was on Relafen, metformin, Pravachol, losartan, and Norflex, it was reported. An orthopedic surgery consultation, eight sessions of physical therapy, and multiple topical compounded medications were endorsed while the applicant was placed off of work, on total temporary disability. Earlier physical therapy had been ordered as early as March 8, 2015, it was noted on a historical progress note of that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 8 sessions 2x4 Cervical Spine, Thoracic Spine, Lumbar Spine, Bilateral Shoulders, Wrists, Bilateral Knees, Bilateral Ankles/Feet: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: No, the request for eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 48, it is incumbent upon an attending provider to furnish a prescription for physical therapy and/or physical methods, which "clearly states treatment goals." Here, however, the applicant's new primary treating provider (PTP) did not formulate a clear treatment goal via his May 14, 2015 progress note. It was not stated why additional physical therapy was proposed in the face of the applicant's failure to respond favorably to earlier treatment. The applicant reported 8-9/10 pain complaints on the May 14, 2015 office visit on which additional physical therapy was ordered. The applicant remained dependent on a variety of oral and topical compounded medications. The applicant remained off of work. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy through the date of the request. Therefore, the request for an additional eight sessions of physical therapy is not medically necessary.

TGIce (Tramadol 8%; Gabapentin 105; Menthol 2%; Camphor 2%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49; 47.

Decision rationale: Similarly, the request for a topical compounded tramadol-gabapentin-menthol-camphor agent was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, tramadol-containing topical agent in question are deemed "not recommended." The applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals such as Norflex and Relafen, furthermore, effectively obviated the need for the topical compounded agent in question. Therefore, the request is not medically necessary.

Flurbiprofen 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49; 47.

Decision rationale: Finally, the request for a flurbiprofen-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications such as the flurbiprofen-containing compound in question are deemed "not recommended." The applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals to include naproxen and Norflex, per the May 14, 2015 progress note at issue, moreover, effectively obviated the need for the topical agent in question. Therefore, the request is not medically necessary. As with the preceding request, since the applicant not in the chronic pain phase of the claim as of the date in question, May 14, 2015, following an industrial injury of March 3, 2015, the MTUS Guideline in ACOEM Chapter 3 was invoked preferentially over the MTUS Chronic Pain Medical Treatment Guidelines.