

Case Number:	CM15-0182666		
Date Assigned:	09/23/2015	Date of Injury:	02/17/2006
Decision Date:	10/29/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/16/2015

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: 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 injured worker is a 63 year old male who sustained an industrial injury February 17, 2006. Diagnoses are lumbar intervertebral disc disorder with myelopathy; sciatica. According to a treating physician's progress report, dated August 27, 2015, the injured worker presented with complaints of left and right lumbar, left and right sacroiliac, left buttock, left posterior knee, left posterior leg, left calf, left ankle, right buttock, right posterior leg, right posterior knee, right calf, right ankle, right and left anterior leg pain with numbness and tingling 90% of the time. He rated his pain at best 6 out of 10 and at worst 8 out of 10. He also reports: dizziness, anxiety, stress, and insomnia. Objective findings included; palpable tenderness at lumbar, left and right sacroiliac, left and right buttock; seated root positive, straight leg raise at 30 degrees, positive Braggard's and Kemp's. At issue, is a request for authorization dated August 27, 2015 for physiotherapy 2 x 3 lumbar spine and FCL (Flurbiprofen-Baclofen- Dexamethasone-Menthol-Camphor-Capsaicin-Hyaluronic Acid). An MRI of the lumbar spine dated May 12, 2015 (report present in the medical record) impression is documented as; mild to moderate scoliosis convex to the left with anterior and lateral spurs measuring up to 2cm in from moderate degenerative changes; L1-2, L3-4, and L4-5 disc spaces show desiccation with normal stature; L2-3 disc space show desiccation with normal stature, mild narrowing of the lateral recess, the right lateral recess is patent; L5-S1 disc space shows dissection with normal stature and central disc protrusion by approximately 2mm with ventral narrowing of the spinal canal; incidental note shows cysts in the left (2) and right (2) kidneys. According to utilization review dated August 31, 2015 the request for EMG-NCV bilateral lower extremities is certified. The request for Follow-up Visit is

certified. The request for Physiotherapy (2) times a week for (3) weeks is non-certified. The request for FCL (Flurbiprofen 20%, Baclofen 2% Dexamethasone 2%,Menthol 2%, Camphor 2% Capsaicin 0.0375%, Hyaluronic Acid 0.20%) 180grams is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20%) 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Muscle relaxants (for pain), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as baclofen, as a topical product. Menthol is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Camphor is not addressed by the MTUS Guidelines or the ODG, but it often included in formulations of anesthetic agents. It is used topically to relieve pain and reduce itching. It is used topically to increase local blood flow and as a counterirritant which reduces pain and swelling by causing irritation. There is no evidence based guideline in support of the use of topical hyaluronic acid for pain management. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20%) 180 grams is determined to not be medically necessary.

Physiotherapy 2x3 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The request for physiotherapy 2x3 lumbar spine is determined to not be medically necessary. In this case, the injured worker had completed an unknown number of previous therapy visits without documentation of functional gains. There are no documented reason or treatment goals associated with the request for additional therapy. The request for physiotherapy 2x3 lumbar spine is determined to not be medically necessary.