

Case Number:	CM15-0184256		
Date Assigned:	09/24/2015	Date of Injury:	05/10/2011
Decision Date:	12/03/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/18/2015

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, Florida, 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:

This is a 54 year old female with an injury date of 5-10-11. A review of medical records indicates that the injured worker is undergoing treatment for chronic upper, mid and low back pain. Progress report dated 8-19-15 reports continued complaints of upper, mid and lower back pain, rated 7 out of 10. Objective findings: thoracic and lumbar spine are tender to palpation over the paraspinal muscles. Work status is temporary total disability from 8-19-15 to 9-30-15. According to the medical records, the injured worker states that treatment with physical therapy helps to decrease pain and tenderness. Request for authorization was made for flurbi NAP cream-LA (flurbiprofen 20%, lidocaine 5%, amitriptyline 5%) 180 gm, apply a thin layer to the affected area two to three times per day, mobic 7.5 mg quantity 30 on tablet per day with meals, fexmid 7.5 mg quantity 90 one every 12 hours as needed for pain and spasm, theramine quantity 90 for one month, continue aquatic physical therapy for evaluation and treatment of the thoracic and lumbar spine; 12 sessions (2 times per week for 6 weeks). Utilization review dated 9-11-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi NAP cream-LA (flurbiprofen 20%/lidocaine 5%/amitriptyline 5%) 180gm, apply a thin layer to the affected area bid to tid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: This claimant was injured four years ago, in 2011, for chronic upper, mid and low back pain. As of August, there was still pain. There is tenderness, but no other objective physical or neurologic signs noted. This is a request for a topical analgesic compound. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. Ultimately, experimental or poorly established treatments should not be used for claimant medical care. The request is not medically necessary.

Mobic (meloxicam) 7.5mg #30 one tablet po qd with meals prn pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: As shared, this claimant was injured four years ago, in 2011, for chronic upper, mid and low back pain. As of August, there was still pain. There is tenderness, but no other objective physical or neurologic signs noted. This is a request for the prescription NSAID, Mobic. The MTUS recommends NSAID medication such as Mobic for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary.

Fexmid (cyclobenzaprine) 7.5mg #90, 1 tablet po q12h prn pain and spasm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: As shared, this claimant was injured four years ago, in 2011, for chronic upper, mid and low back pain. As of August, there was still pain. There is tenderness, but no other objective physical or neurologic signs noted. The MTUS recommends Fexmid (also known as Flexeril or cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. Therefore, the request is not medically necessary.

Theramine #90 for one month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 09/08/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, under Medical Foods.

Decision rationale: This claimant was injured four years ago, in 2011, for chronic upper, mid and low back pain. As of August, there was still pain. There is tenderness, but no other objective physical or neurologic signs noted. The MTUS is silent on this particular agent. The ODG notes under Medical Foods that the substance is not recommended. It notes that Theramine is a medical food from [REDACTED], that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. See Medical food, Gamma-aminobutyric acid (GABA), where it says, "There is no high quality peer-reviewed literature that suggests that GABA is indicated"; Choline, where it says, "There is no known medical need for choline supplementation"; L-Arginine, where it says, "This medication is not indicated in current references for pain or inflammation"; & L-Serine, where it says, "There is no indication for the use of this product." Until there are higher quality studies of the ingredients in Theramine, it remains not recommended for this claimant. The request is not medically necessary under the evidence-based documents.

Continue aquatic physical therapy for evaluation and treatment of the thoracic and lumbar spine; 12 sessions (2 times a week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: This claimant was injured four years ago, in 2011, for chronic upper, mid and low back pain. As of August, there was still pain. There is tenderness, but no other objective physical or neurologic signs noted. Specifically regarding aquatic therapy, the cited guides note under Aquatic Therapy: Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, there is no evidence of conditions that would drive a need for aquatic therapy, or a need for reduced weight bearing. The MTUS does permit forms of physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. Moreover, it is not clear why warm water aquatic therapy would be chosen over land therapy. Finally, after prior sessions, it is not clear why the patient would not be independent with self-care at this point. Finally, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled aquatic therapy is not medically necessary.