

Case Number:	CM15-0186060		
Date Assigned:	09/28/2015	Date of Injury:	02/28/2015
Decision Date:	11/12/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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 represented 50-year-old who has filed a claim for chronic low back, shoulder, hip, and knee pain reportedly associated with an industrial injury of February 28, 2015. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve requests for an additional 12 sessions of physical therapy, a flurbiprofen-containing topical compound, and gabapentin-containing topical compound. Progress notes of August 5, 2015 and May 13, 2015 were referenced in the determination. On August 5, 2015, the applicant reported ongoing complaints of low back, shoulder, hip, knee, ankle pain with derivative complaints of sleep disturbance. 12 sessions of physical therapy, knee brace, multiple lumbar MRI studies, extracorporeal shockwave therapy, and topical compounds in question were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3x a week for 4 weeks for the lumbar spine, right shoulder and right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for 12 sessions of physical therapy for the low back, shoulder, right lower extremity is not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represented treatment in excess of the 9- to- 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, on total temporary disability, it was reported on August 5, 2015, despite receipt of earlier unspecified amounts of physical therapy through the date of the request. The applicant remained dependent on topical compounded agents and other forms of medical treatment to include extracorporeal shockwave therapy and interferential therapy. 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 over the course of the claim. Therefore, an additional 12 sessions of physical therapy is not medically necessary.

Flurbi (NAP) cream-LA (Flurbiprofen 20%/ Lidocaine 5%/ Amitriptyline 5%) 180gm:
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: Similarly, the request for a flurbiprofen-containing topical compound is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of MTUS Chronic Pain Medical Treatment Guidelines, there is "little evidence" to utilize topical NSAIDs such as flurbiprofen, i.e., the primary ingredient in the compound, for the spine, hip, and/or shoulder pain. Here, however, the applicant's primary pain generators, per the attending provider's August 5, 2015 progress note, include the lumbar spine, right shoulder, and right hip, i.e., body parts for which there is "little evidence" to utilize topical flurbiprofen. Since one or more ingredients in the compound are not recommended, the entire compound was not recommended, per the page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Gabacyclotram (Gabapentin 105/ Cyclobenzaprine 6%/ Tramadol 10%) 180gm: 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: Finally, the request for a gabapentin-containing topical compound is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, i.e., the primary ingredient in the compounds, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.