MAXIMUS Federal Services

Case Number:	CM15-0187517		
Date Assigned:	09/29/2015	Date of Injury:	09/10/2014
Decision Date:	11/16/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	09/23/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 46 year old male who sustained an industrial injury on 9-10-14. A review of the medical records indicates he is undergoing treatment for lumbar disc herniation and right lower extremity radiculopathy. Medical records (2-27-15 to 8-31-15) indicate ongoing complaints of lumbar spine pain. He rated his pain "6 out of 10" without use of medications and "2 out of 10" with use of medications on 2-27-15. Since that time, his pain has reduced to "0-3 out of 10". He has reported his pain as "intermittent" or "occasional". He reports the pain as "3 out of 10" on 8-31-15 and indicates that it is "intermittent and slightly worsening". He reports that he had a "flare-up" the previous week. Anti-inflammatory medication reduces the pain to "0 out of 10". The physical exam (8-31-15) reveals "very slight decreased range of motion" in the lumbar spine. Tenderness to the paraspinal muscles is noted. Strength is "5 out of 5". Sensation is intact. "Hypertonicity" is noted bilaterally of the paraspinal muscles symmetrically. Diagnostic studies are not included in the provided records. Treatment has included physical therapy, a home exercise program, chiropractic treatments, acupuncture, and medications. He is currently working "unrestricted" (8-31-15). Effects of his pain on activities of daily living are not included in the provided records. Treatment recommendations include massage therapy two times a week for four weeks "in an attempt to increase function, decrease pain, and keep him working as he recently had a flare-up and he does have muscle spasm". Treatment recommendations also include Flurbiprofen-Baclofen-Lidocaine-Menthol cream (20%-5%-4%-4%) 180gms, as well as to continue acupuncture. The utilization review (9-19-15) indicates denial of the requested treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, Menthol 4% cream 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: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. 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 recommended. In this case, the compounded agent contains Baclofen, Lidocaine, Flurbiprofen and Menthol. There is no peer-reviewed literature to support the use of topical Baclofen for the treatment of chronic pain. Lidocaine is only recommended in the form of a Lidoderm patch. Flurbiprofen and Menthol use is not addressed by guidelines. Therefore, the request is not medically necessary or appropriate.

8 Sessions of massage therapy to the lumbar spine: 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): Massage therapy.

Decision rationale: CA MTUS Guidelines state that massage therapy should be used as an adjunct to recommended exercise programs. In this case, the patient does not appear to be engaged in an exercise program. In addition, massage therapy is generally limited to 4-6 visits in most cases. There is no rationale given for the request of 8 sessions, which exceeds guideline recommendations. Therefore, the request is not medically necessary or appropriate.