MAXIMUS Federal Services

Case Number:	CM15-0194818		
Date Assigned:	10/08/2015	Date of Injury:	03/03/2014
Decision Date:	12/11/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/05/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 58 year old male, who sustained an industrial injury on March 03, 2014. The injured worker was diagnosed as having status post ankle fracture with aggravation of peroneal tendinosis, lumbar musculoligamentous with lower extremity neurologic symptoms, hypertension, headaches, dizziness, ad fatigue, rule out herniated nucleus pulposus and stenosis at lumbar five to sacral one, and left shoulder grade II to III acromioclavicular joint separation as a compensatory consequence from the left ankle. Treatment and diagnostic studies to date has included x-rays of the left shoulder, medication regimen, and physical therapy. In a progress note dated July 10, 2015 the treating physician reports complaints of constant, "severe" low back pain that radiates to the left lower extremity with associated symptoms of numbness, weakness, and tingling. The treating physician also noted complaints of constant, "severe" left shoulder pain, and complaints of constant, "moderate to severe" left ankle and foot pain with associated swelling, and the left ankle giving out causing a fall and "possible acromioclavicular joint separation of the left shoulder." Examination performed on July 10, 2015 was revealing for bruising to the left shoulder, elevation to the left distal clavicle over the acromion, decreased range of motion to the left shoulder, "severe" weakness to the left upper extremity, positive acromioclavicular joint separation, paresthesia to the lateral aspect of the shoulder, and "mild" edema to the acromioclavicular joint, but the progress note did not include a left ankle examination. The progress note from July 10, 2015 did not include the injured worker's medication regimen. The injured worker's pain level on July 10, 2015 was rated an 8 out of 10 to the low back, a 9 out of 10 to the left shoulder, and a 7 out of 10 to the left ankle and foot. The

Agreed Medical Re-evaluation performed on April 20, 2015 noted the injured worker's medication regimen included Motrin, but did not indicate the start date of this medication regimen and the injured worker's numeric pain level prior to use of this medication regimen and after the use of this medication to determine the effects of the injured worker's medication regimen. On July 10, 2015 the treating physician noted prior physical therapy that provided "improvement in pain, range of motion, and edema". The Agreed Medical Re-evaluation on April 20, 2015 noted that at least twelve sessions of physical therapy was prescribed to the injured worker noting that the therapy was "effective and continued to experience substantial pain and swelling to the left ankle", but the medical records provided did not indicate the injured worker's numeric pain level prior to physical therapy and after physical therapy to determine the effects of the physical therapy along with the documentation not indicating if the injured worker experienced any functional improvement with the prior physical therapy. On July 10, 2015 the treating physician requested physical therapy 2 times a week times 4 weeks for the left ankle for range of motion, edema, and improvement in pain. The treating physician also requested the medications Motrin (Ibuprofen) 800mg 1 by mouth three times a day with a quantity of 90, Soma (Carisoprodol) 350mg 1 by mouth daily with a quantity of 30, and Flurbiprofen 20%, Ketoprofen 20%, Ketamine 10%, Gabapentin 10 percent, Cyclobenzaprine 10 percent, Capsaicin 0.0375% cream three times a day for 120 gm citing guidelines used. On September 03, 2015 the Utilization Review determined the requests for physical therapy 2 times a week times 4 weeks for the left ankle, Motrin (Ibuprofen) 800mg 1 by mouth three times a day with a quantity of 90, Soma (Carisoprodol) 350mg 1 by mouth daily with a quantity of 30, and Flurbiprofen 20%, Ketoprofen 20%, Ketamine 10%, Gabapentin 10 percent, Cyclobenzaprine 10 percent, Capsaicin 0.0375% cream three times a day for 120 gm to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x week x4 weeks for the left ankle: Upheld

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

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

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain, therefore is not medically necessary.

Motrin (Ibuprofen) 800mg 1 po tid #90: Upheld

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

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

Decision rationale: Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDS to justify use. The medical necessity is not substantiated in the records, therefore is not medically necessary.

Soma (Carisoprodol) 350mg 1 po qd #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity is not substantiated in the records, therefore is not medically necessary.

Flurbiprofen 20 percent, Ketoprofen 20 percent, Ketamine 10 percent, Gabapentin 10 percent, Cyclobenzaprine 10 percent, Capsaicin 0.0375 percent cream TID 120 gm: Upheld

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

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

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Flurbiprofen 20 percent, Ketoprofen 20 percent, Ketamine 10 percent, Gabapentin 10 percent, Cyclobenzaprine 10 percent, Capsaicin 0.0375 percent cream in this injured worker, the records do not provide clinical evidence to support medical necessity, therefore is not medically necessary.