

Case Number:	CM15-0198006		
Date Assigned:	10/13/2015	Date of Injury:	03/20/2014
Decision Date:	12/16/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/08/2015

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
 Certification(s)/Specialty: Internal 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 28-year-old female, with a reported date of injury of 03-20-2014. The diagnoses include lumbar spine sprain and strain with radiculitis, rule out lumbar spine discogenic disease, bilateral hip sprain and strain versus lumbar radiculitis, right hip bursitis, bilateral knee sprain and strain versus lumbar radiculitis, bilateral ankle sprain and strain, and bilateral foot plantar fasciitis. Treatments and evaluation to date have included Flurbi Cream LA (since at least 01-2015), Gabacyclotram (since at least 01-2015), chiropractic therapy, extracorporeal shockwave procedure on 03-31-2015, 10-21-2014, and 10-07-2014, Tramadol (since at least 01-2015), and Tylenol. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 07-22-2015 indicates that the injured worker complained of pain in the lower back, bilateral hips, bilateral knees, and bilateral ankles and feet. The injured worker's low back pain was rated 4-5 out of 10, which had decreased from 8 out of 10 on the last visit; the right hip, right knee, and bilateral ankle and feet pain was rated 5 out of 10, which had decreased from 7 out of 10 on the last visit; the left hip pain was rated 5 out of 10, which was the same since her last visit; and the injured worker's left knee pain was rated 5 out of 10, which had increased from 3 out of 10 on the last visit. The objective findings include tenderness to palpation over the lumbar paraspinal muscles; restricted lumbar range of motion; tenderness to palpation of the bilateral hips; tenderness to palpation over the right knee and left knee; tenderness to palpation of the bilateral ankles; tenderness to palpation of the bilateral feet; and no changes on neurocirculatory examination. It was noted that the tenderness to palpation of the various areas had decreased since the last visit. The treatment plan included the continuation

of chiropractic therapy of the lumbar spine and bilateral knees, Tramadol every 12 hours as needed, and Flurbi Cream LA, to apply a thin layer to the affected area 2-3 times a day. The injured worker was to return to full and customary duty on 07-22-2015. The medical records included a physical therapy report dated 03-20-2014. The treating physician requested physical therapy two times a week for six weeks for the lumbar spine and bilateral lower extremities; Flurbi cream LA #180; Gabacyclotram #180g; and Tramadol 50mg #60. On 09-14-2015, Utilization Review (UR) non-certified the request for physical therapy two times a week for six weeks for the lumbar spine and bilateral lower extremities; Flurbi cream LA #180; Gabacyclotram #180g; and Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar Spine and Bilateral Lower Extremities 2xweek for 6 weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Knee Complaints 2004, and 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: The prescription for Physical Therapy is evaluated in light of the MTUS recommendations for Physical Therapy. MTUS recommends 1) Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 2) Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The records do not indicate functional benefit from prior physical therapy visits. Also there is no mention of any significant change of symptoms or clinical findings, or acute flare up to support PT. The requested treatment: Physical Therapy Lumbar Spine and Bilateral Lower Extremities 2xweek for 6 weeks is not medically necessary or appropriate.

Flurbi Cream- LA #180: 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: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Flurbiprofen is used as a topical NSAID. It has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). There is no documentation in the submitted Medical Records that the injured worker has failed a trial of antidepressants and anticonvulsants. In this injured worker, the medical necessity for the requested treatment: Flurbi Cream- LA #180 has not been established. Therefore, as per guidelines stated above, the requested topical cream is not medically necessary.

Gabacyclotram #180 g: 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: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating Gabacyclotram. One of the ingredients of Gabacyclotram is gabapentin. MTUS states that gabapentin is not recommended topically. There is no peer-reviewed literature to support use. Medical necessity for the requested topical medication has not been established. The requested treatment: Gabacyclotram #180 g is not medically necessary.

Tramadol 5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009,

Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects, and use of drug screening with issues of abuse, addiction, or poor pain control. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The injured worker was noted to have been prescribed Tramadol without documentation of objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), or in his quality of life with use of the Tramadol. The documentation did not include a pain assessment that included the current pain, the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Tramadol, how long it takes for pain relief, or how long the pain relief lasts. Based on the guidelines, the documentation provided did not support the requested treatment: Tramadol 5 mg #60 and is not medically necessary. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms.