

Case Number:	CM15-0207302		
Date Assigned:	10/26/2015	Date of Injury:	07/20/1999
Decision Date:	12/16/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/21/2015

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: 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 63 year old female, who sustained an industrial injury on July 20, 1999. She reported a cumulative trauma injury to her neck, lower back, bilateral upper extremities and bilateral lower extremities. The injured worker was currently diagnosed as having lumbar facet arthropathy, lumbar stenosis, lumbar myofascial strain, lumbar degenerative disc disease and lumbago. Treatment to date has included diagnostic studies, medication, acupuncture with relief, knee injections with temporary relief and medial branch blocks with 80% relief on both sides for one day. On September 15, 2015, the injured worker complained of persistent neck pain rated an 8 on a 1-10 pain scale. The pain was described as left sided stabbing, periscapular pain. She reported persistent low back pain described as stabbing and cramping. She also reported constant, aching bilateral knee pain. Prolonged walking was noted to aggravate her pain. Her symptoms were noted to be worsened and she had been using over the counter patches on her neck to attempt to alleviate her pain. At the time of exam, she was recently scheduled for a bilateral rhizotomy L3-4 and L4-5 that had been rescheduled. Physical examination revealed limited lumbar extension. The treatment plan included continue with rescheduled bilateral rhizotomy L3-L4 and L4-L5, physical therapy two times a week for eight weeks for lumbar stabilization utilizing modalities, Ketoprofen cream for use over lumbar paraspinals, Tylenol and a follow-up visit. On September 23, 2015, utilization review denied a request for physical therapy two times a week for eight weeks to the lumbar spine, outpatient urine drug screen and CM3-Ketoprofen 20%. A request for Tylenol No 3 #90 was modified to Tylenol No 3 #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 8 weeks to the lumbar spine: 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): Physical Medicine.

Decision rationale: CA MTUS Guidelines supports 1-2 physical therapy (PT) sessions for education/training for transition to a home exercise program. The patient's date of injury was in 1999 and occurred while lifting. In this case, the patient has undergone formal PT, and the request is for an additional 16 sessions (twice weekly for 8 weeks) for the lumbar spine. The medical records submitted do not document the medical necessity for further PT. The patient should be well versed in a home exercise program. Therefore, the request for additional PT is not medically necessary.

Outpatient urine drug screen: 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): Drug testing.

Decision rationale: CA MTUS Guidelines support drug testing to assess for illegal use of controlled substances. In this case, the patient is being prescribed Tylenol with codeine, taken as Tylenol #3, 1-2 tablets per week on average. The medical necessity for long-term use of Tylenol #3 is not established. There is no documentation of symptomatic or functional improvement from the sporadic use of Tylenol #3. Therefore, the necessity of a urine drug screen is not medically necessary.

CM3- Ketoprofen 20%: 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): Topical Analgesics.

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these topical products. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This product contain Ketoprofen, which is not FDA approved for topical use. Therefore, the request is not medically necessary or appropriate.