

Case Number:	CM15-0209318		
Date Assigned:	10/28/2015	Date of Injury:	11/08/2012
Decision Date:	12/09/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female who sustained an industrial injury on 11-8-12. The medical records indicate that the injured worker has been treated for lumbar radiculopathy; pain, right shoulder; pain disorder with psychological factors; mood disorder; low back pain; unspecified arthropathy. She currently (10-9-15) complains of lower backache. She has a pain level of 3 out of 10 with medications and 8 out of 10 without medications. Her pain level has been consistent from 4-10-15 through 10-9-15 at 2-3 out of 10. Her quality of sleep is poor. On physical exam (10-9-15) of the lumbar spine there was restricted range of motion due to pain, muscle spasms on palpation, tenderness and tight muscle band bilaterally, bilateral positive lumbar facet loading, positive straight leg raise on the left in sitting position; the left hip revealed tenderness over the trochanter, positive Faber with groin pain noted on the left. There was decreased sensation in the left L5 and S1 dermatomes, decreased strength. Diagnostics included electromyography-nerve conduction study bilateral lower extremities (6-25-14) showing chronic left L5-S1 lumbosacral radiculopathy without denervation. Treatments to date include massage therapy (completed 6 sessions) with relief of pain while in the sessions with pain level going down to 2 out of 10; medications: Flector 1.3% patch (since at least 4-10-15), Dilaudid, cetirizine HCL; prior medications: trazadone, meloxicam, Celebrex, Skelaxin, Cymbalta; status post arthroscopic surgery, right shoulder; physical therapy. The request for authorization dated 10-18-15 was for Flector 1.3% patch #30. The request for authorization on 10-11-15 was for 6 additional sessions of massage therapy. On 10-23-15 Utilization review non-certified the request for Flector 1.3% patch #30; additional massage therapy #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch qty: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

Decision rationale: The claimant sustained a work injury in November 2012 when, while working as a psychiatric technician assistant she was assisting a client and, while manipulating a wheelchair, she had the onset of neck, mid back, and low back pain. When seen in October 2015 she had low back pain. She was having difficulty sleeping. Medications were decreasing pain from 8/10 to 3/10. She had completed six massage therapy treatment sessions noting decreased pain from 5/10 to 2/10 during the sessions. Medications had included Celebrex and meloxicam which were discontinued due to side effects. She had benefit when using Pennsaid for the low back but had found Flector patches more effective and less messy. She had completed physical therapy treatments including a home exercise program. She had been seen by a pain psychologist. Physical examination findings included decreased and painful lumbar spine range of motion with paravertebral muscle spasm, tenderness, and tight muscle bands. Lumbar facet loading was positive bilaterally. Left straight leg raising was positive. There was left trochanteric tenderness with positive Fabere testing. There was decreased left lower extremity strength and sensation. Authorization was requested for six additional sessions of massage therapy and for Flector patches. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has intolerance of oral NSAID medication. However, she has used topical Pennsaid with benefit. Instruction in proper application would be expected. There are other topical treatments that could be considered. Flector is not medically necessary.

Additional massage therapy qty: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The claimant sustained a work injury in November 2012 when, while working as a psychiatric technician assistant she was assisting a client and, while manipulating a wheelchair, she had the onset of neck, mid back, and low back pain. When seen in October 2015 she had low back pain. She was having difficulty sleeping. Medications were decreasing pain from 8/10 to 3/10. She had completed six massage therapy treatment sessions noting decreased

pain from 5/10 to 2/10 during the sessions. Medications had included Celebrex and meloxicam which were discontinued due to side effects. She had benefit when using Pennsaid for the low back but had found Flector patches more effective and less messy. She had completed physical therapy treatments including a home exercise program. She had been seen by a pain psychologist. Physical examination findings included decreased and painful lumbar spine range of motion with paravertebral muscle spasm, tenderness, and tight muscle bands. Lumbar facet loading was positive bilaterally. Left straight leg raising was positive. There was left trochanteric tenderness with positive Fabere testing. There was decreased left lower extremity strength and sensation. Authorization was requested for six additional sessions of massage therapy and for Flector patches. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case, the number of treatment sessions is in excess of guideline recommendations and the 6 visits already provided have not been of any sustained benefit. The request is not medically necessary.