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| Case Number: | CM15-0209540 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 04/01/2014 |
| Decision Date: | 12/16/2015 | UR Denial Date: | 10/06/2015 |
| 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: 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 52 year old female, who sustained an industrial injury on 4-1-2014. The injured worker is undergoing treatment for lumbar strain-sprain, lumbar paraspinal spasm, lumbar disc herniations and sacroiliitis of the left sacroiliac joint. Medical records dated 8-20-2015 indicate the injured worker complains of back pain rated 8 out of 10 "most of the time with flare ups reaching level" 9 out of 10. She reports difficulty falling asleep and difficulty "performing sexual activities." The treating physician indicates "she denies radiating pain." She also reports pain over the left buttock. The treating physician also indicates, "her lower back pain has subsided somewhat with limited improvement. However, she returns today due to increased frequency of pain with tingling and numbness, as well as weakness progressing over the last weeks." Physical exam dated 8-20-2015 notes "severe sacroiliac joint inflammation," positive Patrick Faber and Gaenslen's test, decreased range of motion (ROM) and lumbar paraspinal spasm with guarding. Treatment to date has included physical therapy and acupuncture "with limited improvement," medication and chiropractic treatment. The original utilization review dated 10-6-2015 indicates the request for physical therapy 2 times a week for 3 weeks for the lumbar, left hip, left knee, left ankle and right shoulder and Flurbiprofen 25%, Lidocaine 5% cream two times a day is non-certified.

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 3 weeks for the lumbar, left hip, left knee, left ankle and right shoulder: 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: In this case, the claimant presents with multiple body part complaints. The claimant has a history of prior chiropractic and physical therapy (PT) treatments. However, there is little documentation indicating objective improvement and/or response to previous treatment. There is also no indication that the claimant has experienced a recent flare up of pain after a specific aggravating incident with associated decrease in function which has been unresponsive to a home exercise program. At this point, the claimant should be performing a home exercise program. Finally, there is lack of sufficient physical exam findings to warrant additional PT. Therefore, the request is not medically necessary.

Flurbiprofen 25%, Lidocaine 5% cream two times a day: 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: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety and efficacy. There is little to no research to support the use of many of these agents. Further, 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 that oral medications have been ineffective requiring a topical agent. In addition, there is no evidence of first-line medications (antidepressant, anticonvulsants) for chronic pain. Lidocaine is only approved for use in the formulation of a Lidoderm patch. This product contains Lidocaine, therefore it is contrary to guidelines and the request is not medically necessary or appropriate.