MAXIMUS Federal Services

Case Number:	CM15-0031006		
Date Assigned:	02/24/2015	Date of Injury:	04/17/2012
Decision Date:	04/03/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/19/2015

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 Jersey
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 male who sustained a work related injury April 17, 2012. Past history includes s/p revision of right C4 screw with revision of fusion C2-3 and C3-4 September 8, 2014. According to a spine surgeon's progress report dated February 4, 2015, the injured worker presented with complaints of cervical spine pain, 5/10, with pins and needles to the right hand. Range of motion is limited to the neck due to pain. He also reports phantom sensation of a ring on his right pinky which is not there and new pain in the upper cervical spine. The incision site is well healed; tenderness over the right upper cervical spine, just lateral to midline; improving right arm strength, still weak with triceps, but stronger in biceps. According to a cervical spine x-ray dated 2/4/2015 (2views), hardware is in place, appears to have fusion of upper cervical spine (report not present in medical record). Diagnoses included cervical spine spondylosis without myelopathy-cervical kyphosis; cervical spine spondylosis with myelopathy; cervical spinal stenosis and cervical radiculitis. Recommendations included physical therapy for right upper extremity strength and cervical spine stretching/strengthening and modalities, Fexmid and topical creams dispensed. According to utilization review dated February 12, 2015, the request for Additional Physical Therapy 2 x 6 to the Cervical Spines and Right Upper Extremity is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine. The request for Fexmid 7.5mg #60 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Topical Cream-Flurbiprofen/Lidocaine is non-certified, citing MTUS Chronic pain Medical Treatment Guidelines, Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x6 to Cervical Spine and Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Physical therapy in the form of passive therapy for the neck and arms is recommended by the MTUS Guidelines as part of treatment following cervical fusion surgery, starting with passive therapy and moving towards active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Postsurgical Treatment Guidelines allow up to 24 supervised physical therapy visits over 16 weeks following cervical fusion. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had already completed 24 supervised physical therapy sessions following his cervical surgery. However, the provider requested an additional 12 supervised sessions of physical therapy. There was no evidence to suggest the worker was unable to perform home exercises to justify additional formal therapy. Therefore, the 12 additional sessions of physical therapy will be considered medically unnecessary and focus on physical medicine should be towards the worker's consistency of his home exercise regimen.

Flexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was insufficient evidence to support the worker being recommended a muscle relaxant as there was no symptoms or signs that he was experiencing an acute flare-up beyond his chronic pain, and no muscle spasm. It is also unclear why more than one muscle relaxant was being prescribed and for a long duration of time, which is not justified. Therefore, the Fexmid is not medically necessary.

Topical Pain Cream- Flubiprofen/ Lidocaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS Guidelines for Chronic Pain also state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was no evidence that the worker had tried and failed both oral NSAIDs or oral first-line medications for neuropathy to warrant topical flurbiprofen/lidocaine. Without this evidence and explanation, the flurbiprofen/lidocaine will be considered medically unnecessary.