

Case Number:	CM15-0037557		
Date Assigned:	03/05/2015	Date of Injury:	12/16/2011
Decision Date:	04/20/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	02/27/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, with a reported date of injury of 12/16/2011. The diagnoses include cervical spine sprain/strain and lumbar spine sprain/strain. Treatments have included physical therapy, an MRI of the lumbar spine on 07/02/2012, medication, ice, and heat. The progress report dated 11/12/2014 indicates that the injured worker complained of low back pain and burning sensation. The objective findings included mild tenderness of the neck, and tenderness of the low back. An MRI showed 3-4 mm disc herniation. The treating physician requested Tramadol 7%/Gabapentin 7%/Cyclobenzaprine 5%/Lidocaine 4% 120 grams (date of service: 01/28/2015), Flurbiprofen 10%/Capsaicin 0/025%/Menthol 2%/Camphor 1% 120 grams (date of service: 01/28/2015), and physical therapy two times a week for eight weeks for the lumbar spine. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 7%, Gabapentin 7%, Cyclobenzaprine 5%, Lidocaine 4% 120gm, #1
(Retrospective DOS: 01/28/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113.

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

Decision rationale: This patient has a date of injury of 12/16/2011 and continues to complain of neck and low back pain. The current request is for tramadol 7%, gabapentin 7%, cyclobenzaprine 5%, lidocaine 4% 120 g #1, retrospective DOS: 01/28/2015. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Gabapentin and cyclobenzaprine are not recommendation in any topical formulation and lidocaine has only been approved in a patch form. This topical compound medication is not medically necessary.

Flurbiprofen 10%, Capsaicin 0.025%, Menthol 2%, Camphor 1% 120gm, #1 (Retrospective DOS: 01/28/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

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

Decision rationale: This patient has a date of injury of 12/16/2011 and continues to complain of neck and low back pain. The current request is for flurbiprofen 10%, capsaicin 0.025%, menthol 2%, camphor 1% 120 g #1, retrospective DOS: 01/28/2015. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a non-steroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for this topical medication as he does not present with osteoarthritis or tendinitis symptoms but suffers from back and neck pain. Given the patient does not meet the indication for the use of a topical NSAID; the entire compounded cream is rendered invalid. This topical compound medication is not medically necessary.

Physical therapy, lumbar spine, 2 times per week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with a date of injury of 12/16/2011 and continues to complain of neck and low back pain. The current request is for physical therapy, lumbar spine, 2 times per week for 8 weeks. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms, 9 to 10 sessions over 8 weeks. The medical file provided for review includes 1 physical therapy evaluation report which is dated 12/10/2014. There are no other physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented on the medical reports. Given the patient's date of injury, it is most likely that the patient has participated in some physical therapy in the past. Given the patient's continued pain, a short course of therapy maybe indicated to reintroduce proper home exercises. However, the request is for 16 sessions, which substantially exceeds what is recommended by MTUS. The requested physical therapy is not medically necessary.