

Case Number:	CM15-0053429		
Date Assigned:	03/26/2015	Date of Injury:	12/16/2011
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/20/2015

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 33 year old female who sustained an industrial injury on 12/16/2011. Diagnoses include contusion of the left chest, subluxation of her left acromioclavicular joint, low back pain with radicular symptoms and chronic cervical sprain. Treatment to date has included medications, diagnostics, chiropractic sessions, acupuncture sessions, and physical therapy. A physician progress note dated 02/19/2015 documents the injured worker has pain in the left shoulder and arm from a left Spurling's. She has 90% of normal left and right rotation. Left shoulder forward flexion is 170 degrees. Sitting straight leg raise causes moderate low back pain on the left, mild low back pain on the right. The injured worker has been developing increasing symptoms over the left upper extremity. The treatment plan is to complete the remaining chiropractic treatments. Treatment requested is for Compound Cream (Unspecified medication, dosage & quantity), and Work Hardening 3 x 4 week, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening 3 x 4 week, 12 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: The claimant sustained a work injury in December 2011 and continues to be treated for left shoulder, neck, and low back pain. The treating provider documents that she has returned to work on a part-time basis but is limited to working up to 20 hours per week due to flareups of pain. She was having increasing left upper extremity symptoms. Authorization for work hardening was requested. Compounded cream containing flurbiprofen, ketamine, cyclobenzaprine, gabapentin, lidocaine, and prilocaine was requested. Criteria for a Work Conditioning Program include completion of an adequate trial of physical or occupational therapy with improvement followed by plateau, defined return to work goal, and the worker must be no more than two years past date of injury. In this case, although the claimant is more than two years status post injury she has returned to work and is limited by pain. She has completed physical therapy. The number of sessions is consistent with guideline recommendations. The request is appropriate and therefore is medically necessary.

Compound Cream (Unspecified medication, dosage & quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 111-113.

Decision rationale: The claimant sustained a work injury in December 2011 and continues to be treated for left shoulder, neck, and low back pain. The treating provider documents that she has returned to work on a part-time basis but is limited to working up to 20 hours per week due to flare-ups of pain. She was having increasing left upper extremity symptoms. Authorization for work hardening was requested. Compounded cream containing Flurbiprofen, Ketamine, Cyclobenzaprine, Gabapentin, Lidocaine, and Prilocaine was requested. In terms of the compounded cream, Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted and has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.

