MAXIMUS Federal Services

Case Number:	CM15-0056399		
Date Assigned:	04/01/2015	Date of Injury:	05/29/2014
Decision Date:	05/15/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/24/2015

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 45-year-old male who reported injury on 05/29/2014. The mechanism of injury was not provided. The diagnoses include sprain/strain of the lumbosacral region. The documentation of 02/10/2015 revealed the injured worker had pain in the low back radiating to the bilateral legs. There was grade 2 to 3 tenderness to palpation over the paraspinal muscles which was noted to be decreased in nature from a grade 3 to 4 on the last visit and a 3 to 4 palpable spasm which remained the same. There was restricted range of motion. The straight leg raise was positive bilaterally. The injured worker indicated that physical therapy helped decrease pain and that the lumbar spine pain had gotten worse lately. The treatment plan included continuation of physical therapy for evaluation and treatment 2 x Wk x 6 Wks and the injured worker was prescribed topical ointments. The injured worker was referred for an MRI of the lumbar spine and for LINT therapy of the lumbar spine once a week for 6 weeks. The injured worker was noted to be prescribed topical medications to minimize neurovascular complications and avoid complications associated with oral medications. There was a request for authorization submitted for review dated 02/10/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy 2 x wk x 6 wks: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for up to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had tenderness to palpation that was decreased; however, it additionally indicated both that the physical therapy decreased the pain and tenderness and that the lumbar spine pain had gotten worse lately. There was lack of documentation indicating what "worse lately" meant and how therapy was beneficial. The request as submitted failed to indicate the body part to be treated with physical therapy. The request for 12 additional sessions would be excessive. There was a lack of documentation indicating the quantity of previously attended sessions and the remaining functional deficits. Given the above, the request for continue physical therapy 2 x Wk x 6 Wks is not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Guidelines indicate that unequivocal findings that identify specific nerve root compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment or who would consider surgery an option. The clinical documentation submitted for review failed to documentation of a failure of conservative care. There was a lack of documentation of specific nerve compromise through myotomal or dermatomal findings. Given the above, the request for MRI of lumbar spine is not medically necessary.

LINT therapy of lumbar spine: 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), Low back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES, TENS Page(s): 121, 114-116.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines indicate that a neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no

evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. A one month trial of a TENS unit is recommended if it is used as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation indicating that prior therapies had failed. The request as submitted failed to indicate the quantity of sessions being requested. Given the above, the request for LINT therapy of the lumbar spine is not medically necessary.

10%/Gabapentin 10%/Bupivacaine 5% in cream base 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Bupivacaine, Topical Gabapentin Page(s): 111, 55, 113.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are experimental and are in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Bupivacaine has been recommended as an alternative to clonidine, however a search of FDA guidelines indicate that Bupivacaine is approved for injection. Topical Gabapentin is not recommended as there is no peer reviewed literature to support its use. There was a lack of documentation indicating a necessity for 2 muscle relaxants. There was lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. The request as submitted failed to indicate the frequency and body part to be treated. Given the above, the request for 10%/Gabapentin 10%/Bupivacaine 5% in cream base 210gm is not medically necessary.

Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Dexamethasone 2%/Menthol 2%/Capsaicin 0.025% in cream base 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals, Flurbiprofen, Capsaicin, Baclofen Page(s): 111, 105, 72, 25, 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/search.php?searchterm=dexamethasone&a=1.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least

one drug (or drug class) that is not recommended is not recommended. Regarding Topical Flurbiprofen, FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Salicylate Topicals are recommended. There is no peer-reviewed literature to support the use of topical baclofen. Per Drugs.com, "Dexamethasone is a corticosteroid that prevents the release of substances in the body that cause inflammation. Dexamethasone is used to treat many different inflammatory conditions such as allergic disorders, skin conditions, ulcerative colitis, arthritis, lupus, psoriasis, or breathing disorders". Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There was a lack of documentation indicating a necessity for 2 muscle relaxants. There was lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. The request as submitted failed to indicate the frequency and body part to be treated. Given the above, the request for Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Dexamethasone 2%/Menthol 2%/Capsaicin 0.025% in cream base 210gm is not medically necessary.