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| Case Number: | CM15-0234386 | | |
| Date Assigned: | 12/09/2015 | Date of Injury: | 03/08/2005 |
| Decision Date: | 01/14/2016 | UR Denial Date: | 11/18/2015 |
| Priority: | Standard | Application Received: | 11/30/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 8, 2005. In a Utilization Review report dated November 18, 2015, the claims administrator failed to approve requests for lumbar spine brace (AKA lumbar support), bilateral knee braces, and the topical compounded agent. The claims administrator referenced an October 19, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated October 19, 2015, bilateral knee braces, lumbar brace, and the topical compounded agent in question were seemingly endorsed. On an associated progress note of October 19, 2015, 7 to 8/10 knee, wrist, and back pain complaints were reported. Replacement knee braces, a lumbar brace, and the topical compounded agent in question were all seemingly endorsed while the applicant's permanent work restrictions were renewed. The treating provider acknowledged, however, the applicant was not working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: No, the request for a lumbar spine brace (AKA lumbar support) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well beyond the acute phase of symptom relief as of the date of the request, October 19, 2015, following an industrial injury of March 8, 2005. Introduction, selection, and/or ongoing usage of the lumbar support was not indicated as of this late stage in the course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request is not medically necessary.

1 bilateral knee hinged braces: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

Decision rationale: Similarly, the request for bilateral hinged knee braces was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, for the average applicant, a knee brace is "usually unnecessary." Rather, the MTUS Guideline in ACOEM Chapter 13, page 340 notes that a knee brace is typically necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders, carrying boxes, or the like. Here, however, the applicant was off of work, the treating provider reported on the October 19, 2015 office visit at issue. It did not appear, thus, the applicant would likely to be stressing the knee under load, climbing ladders, or carrying boxes. Therefore, the request is not medically necessary.

Flurbiprofen 20%/Baclofen 10%/ Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.0375% cream, 180 gm apply a thin layer to affected area b.i.d.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Finally, the request for a flurbiprofen-baclofen-dexamethasone-containing topical compound was likewise not medically necessary, medically appropriate, or indicated

here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, i.e., the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's concurrent usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first line oral pharmaceuticals such as gabapentin effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent in question. Therefore, the request is not medically necessary.