

Case Number:	CM14-0147582		
Date Assigned:	09/15/2014	Date of Injury:	12/12/2012
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 low back and bilateral knee pain reportedly associated with an industrial injury of December 12, 2012. Thus far, the applicant has been treated with analgesic medications; unspecified amounts of physical therapy; topical compounds; and transfer of care to and from various providers in various specialties. In a utilization review report dated August 26, 2014, the claims administrator denied a request for aquatic therapy, topical compounded medications, and Flexeril. The applicant's attorney subsequently appealed. In a March 12, 2014, progress note, the applicant reported persistent complaints of knee, shoulder, and low back pain. The applicant is also reporting issues with post-injury psychological stress. A right shoulder arthroscopy was apparently pending. In a March 31, 2014, progress note, the applicant was off work, on total temporary disability, it was stated. Persistent complaints of multifocal low back pain were noted, 6-7/10. The applicant was smoking 10 to 15 cigarettes a day and had done so over the past 10 to 15 years, it was acknowledged. The applicant's medication list included Biofreeze Gel, Voltaren Gel, Prilosec, Carafate, Robaxin, Percocet, and an over-the-counter sleep aid, it was noted. On April 28, 2014, the applicant was asked to continue with Percocet, Norco, Robaxin, and Voltaren Gel. Neurontin was apparently added. The applicant was having severe complaints of knee pain on May 27, 2014, it was noted. The applicant did not appear to be working. Medication therapy was described as unsuccessful. The applicant still reported severe pain despite ongoing usage of Percocet, Norco, Neurontin, Robaxin, and Voltaren, it was stated. In a request for authorization form dated August 7, 2014, the attending provider sought authorization for continued aquatic therapy to the low back and bilateral knees at a rate of twice a week for four weeks. Topical compounds were also endorsed, along with Flexeril, Neurontin, Percocet, Norco, a pain management consultation, and a psychiatric consultation. Urine drug testing was endorsed. In a

progress note of the same day, August 7, 2014, the applicant was placed off work, on total temporary disability. 7-8/10 multifocal pain complaints were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapy to Lumbar Spine and Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 8.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off work, on total temporary disability. The applicant is still having difficulty performing activities of daily living as basic as standing and walking, despite previous aquatic therapy in unspecified amounts. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite earlier aquatic therapy in unspecified amounts over the course of the claim. Therefore, the request for additional aquatic therapy is not medically necessary.

Fluriflex 180gm 2x daily: 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 NSAIDs Page(s): 111-113.

Decision rationale: One of the ingredients in the compound is Flexeril, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

TGHot 180gm 2x daily: 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 Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Percocet, Neurontin, Norco, etc., effectively obviates the need for the largely experimental topical compounded agent at issue. Therefore, the request is not medically necessary.

Flexeril 7.5mg 3x daily #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other oral and topical agents. Adding Flexeril (Cyclobenzaprine) to the mix is not recommended. Therefore, the request is not medically necessary.