

Case Number:	CM14-0149104		
Date Assigned:	09/18/2014	Date of Injury:	01/22/2014
Decision Date:	12/15/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/15/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 43 year old male who sustained an industrial injury on 01/22/14 while he was struck in the back by another car's passenger side view mirror. MRI of lumbar spine showed a small ruptured tear in the annulus at its 5 o'clock position, moderate disc protrusion with central canal stenosis at L4-5. The clinical note from 08/01/14 was reviewed. Physical therapy was noted to be medically indicated for his lumbosacral spine and radiculopathy symptoms. Six visits of physical therapy were requested for rehabilitation and for teaching home exercise program. He was noted to have back pain that was 9/10. Pain was worsened by walking, sitting or bending. The pain was radiating into bilateral lower thighs. His medications included Naproxen and gabapentin. Pertinent examination findings included pain in his low back with both toes walk and heel walk, palpable muscle spasms and myofascial trigger points in the thoracolumbar and lumbosacral paraspinal muscles with twitch response and referral pattern. Range of motion of spine was limited. Sensation was diminished in bilateral L5 dermatomes. Straight leg raising test was positive bilaterally. Diagnoses included lumbar herniated discs with annular tear and disc extrusion, lumbar radiculopathy and myospasm and myofascial trigger points in back. He didn't have adequate response from physical therapy and medications. The request was for physical therapy 2 visits per week for 3 weeks and Fluribprofen/Ketoprofen topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The employee was a 43 year old male who sustained an industrial injury on 01/22/14 while he was struck in the back by another car's passenger side side view mirror. MRI of lumbar spine showed a small ruptured tear in the annulus at its 5 o'clock position, moderate disc protrusion with central canal stenosis at L4-5. The clinical note from 08/01/14 was reviewed. Physical therapy was noted to be medically indicated for his lumbosacral spine and radiculopathy symptoms. Six visits of physical therapy were requested for rehabilitation and for teaching home exercise program. He was noted to have back pain that was 9/10. Pain was worsened by walking, sitting or bending. The pain was radiating into bilateral lower thighs. His medications included Naproxen and gabapentin. Pertinent examination findings included pain in his low back with both toe walk and heel walk, palpable muscle spasms and myofascial trigger points in the thoracolumbar and lumbosacral paraspinous muscles with twitch response and referral pattern. Range of motion of spine was limited. Sensation was diminished in bilateral L5 dermatomes. Straight leg raising test was positive bilaterally. Diagnoses included lumbar herniated discs with annular tear and disc extrusion, lumbar radiculopathy and myospasm and myofascial trigger points in back. He didn't have adequate response from physical therapy and medications. The request was for physical therapy 2 visits per week for 3 weeks and Fluribprofen/Ketoprofen topical cream. According to MTUS, Chronic pain medical treatment guidelines, upto 8-10 visits of physical therapy are recommended for radiculitis over 4 weeks and fading of treatment frequency should be allowed, plus active self directed home physical medicine. The employee's last physical therapy note from 04/17/14 reported worsening pain at the fifth visit out of the six approved sessions. Also there is further indication in various notes that he had insignificant improvement from physical therapy. The reason for further physical therapy when there is no functional improvement from the previous session is out of guideline recommendations. Hence the request for addition six visits of physical therapy is not medically necessary or appropriate.

Flurbiprofen/Lidocaine topical cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: The employee was a 43 year old male who sustained an industrial injury on 01/22/14 while he was struck in the back by another car's passenger side side view mirror. MRI of lumbar spine showed a small ruptured tear in the annulus at its 5 o'clock position, moderate disc protrusion with central canal stenosis at L4-5. The clinical note from 08/01/14 was reviewed. Physical therapy was noted to be medically indicated for his lumbosacral spine and

radiculopathy symptoms. Six visits of physical therapy were requested for rehabilitation and for teaching home exercise program. He was noted to have back pain that was 9/10. Pain was worsened by walking, sitting or bending. The pain was radiating into bilateral lower thighs. His medications included Naproxen and gabapentin. Pertinent examination findings included pain in his low back with both toe walk and heel walk, palpable muscle spasms and myofascial trigger points in the thoracolumbar and lumbosacral paraspinal muscles with twitch response and referral pattern. Range of motion of spine was limited. Sensation was diminished in bilateral L5 dermatomes. Straight leg raising test was positive bilaterally. Diagnoses included lumbar herniated discs with annular tear and disc extrusion, lumbar radiculopathy and myospasm and myofascial trigger points in back. He didn't have adequate response from physical therapy and medications. The request was for physical therapy 2 visits per week for 3 weeks and Flurbiprofen/Ketoprofen topical cream. According to the MTUS, Chronic Pain medical treatment guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lidocaine topically is indicated for neuropathic pain after there has been evidence of a trial of first line therapy with antidepressants or AEDs, in the form of Lidoderm patch. Topical NSAIDs are indicated in osteoarthritis of knee, elbow, ankle, foot and hand. In addition, Voltaren gel is the only FDA approved topical formulation for NSAIDs. The employee had radiculopathy symptoms and had failed to improve with gabapentin. But the proposed topical compound has Lidocaine in cream form which is not FDA approved and also has topical Flurbiprofen which is not the FDA approved formulation. In addition, topical NSAIDs are not indicated for lumbar spine, shoulder and neck. Since the employee does not meet the MTUS criteria for necessity of both the components of the compound topical, the whole topical compound is not medically necessary or appropriate.