

Case Number:	CM14-0215645		
Date Assigned:	01/05/2015	Date of Injury:	07/13/2009
Decision Date:	02/23/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: 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:

This individual is a 52 y/o male who developed cervical, lumbar, left shoulder and left wrist problems subsequent to a mva on 7/13/09. He is reported to have an acute exacerbation of low back pain with VAS scores reported at 7/10. No neurological dysfunction is found, but the pain radiates into the legs. He is also reported to have chronic cervical pain that is stable with a VAS score of 5/10. No recent examination is documented. Treatment has included full courses of physical therapy. He is also utilizing Motrin with some benefit. Norco is being discontinued due to lack of benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) lumbar spine (x8): 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: MTUS Guidelines recommend up to 8-10 total sessions of physical therapy as adequate for conditions similar to what this patient has. This patient has previously had full courses of physical therapy which would have provided adequate opportunity to learn home rehabilitation techniques and self protective behaviors. A few additional sessions may be reasonable to reinforce these goals, but the medical necessity for an additional 8 sessions is not consistent with Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The 8 sessions of Physical Therapy lumbar spine is not medically necessary.

Physical Therapy (PT) cervical spine (x8): 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: MTUS Guidelines recommend up to 8-10 total sessions of physical therapy as adequate for conditions similar to what this patient has. This patient has previously had full courses of physical therapy which would have provided adequate opportunity to learn home rehabilitation techniques and self protective behaviors. There is no recent evaluation of the cervical spine and no documentation of recent changes. The medical necessity for an additional 8 sessions is not consistent with Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The 8 sessions of Physical Therapy cervical spine is not medically necessary.

Motrin 800mg (x3 refills): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67,68.

Decision rationale: MTUS Guidelines support the use of NSAIDs for inflammatory conditions and exacerbations of back pain. The Guidelines recommend use on an as needed basis, but the Guidelines do not put any exact timelines on the duration of use. It is medically reasonable for enough medication to be recommended to last until the next visit. If it is not working, all of the refills would not need to be utilized. The Motrin 800mg with 3 refills is medically necessary.

Flurbiprofen / Baclofen / Gabapentin / Lidocaine Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines are very specific regarding the recommended use of topical analgesics. If an ingredient is not Guideline or FDA approved for topical use any compound using this ingredient is not recommended. Guidelines do not support the use of topical Flurbiprofen, Baclofen, Gabapentin or Lidocaine Cream. The compound Flurbiprofen / Baclofen / Gabapentin / Lidocaine Cream is not medically necessary.

Ketoprofen / Gabapentin / Diclofenac / Lidocaine Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113..

Decision rationale: MTUS Guidelines are very specific regarding the recommended use of topical analgesics. If an ingredient is not Guideline or FDA approved for topical use any compound using this ingredient is not recommended. Guidelines do not support the use of topical Ketoprofen, Gabapentin, Diclofenac or Lidocaine Cream. The compound Ketoprofen / Gabapentin / Diclofenac / Lidocaine Cream is not medically necessary.

Retro: Urinalysis.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines supports periodic urine drug screens if long term opioid use is initiated or continued. It is clearly documented that the opioid was discontinued and there are no aberrant drug related behaviors documented. The urine drug screen is not consistent with guidelines and the Urine Drug Screen(Urinalysis) is not medically necessary.