

Case Number:	CM15-0111438		
Date Assigned:	06/17/2015	Date of Injury:	06/10/2007
Decision Date:	11/16/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/09/2015

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, Hawaii
 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 52 year old male who sustained an industrial injury on June 10, 2007. A spinal re-evaluation dated April 22, 2015 reported an impression consisting of: severe lumbar L3-L5 spinal stenosis and disc disease; bilateral lower extremity radiculopathy, pain, numbness and weakness; significant walking with decreased tolerance; failure to respond to extensive nonsurgical treatment including past epidural steroid injections, physical therapy, and conservative care. There is recommendation for surgical intervention. A recent secondary treating visit dated August 03, 2015 reported present subjective complaint of "ongoing neck pain and stiffness." The pain radiates to both shoulders and both upper extremities to the hands with numbness and tingling. He has frequent headaches, bilateral shoulders, right elbow, lumbar spine, bilateral groin and anxiety, stress and depression. Previous surgery to include: right shoulder 2010; left shoulder 2011, left inguinal hernia 2009, right hernia 2007, and lumbar spine surgery 2000. Current medications consisted of: Gabapentin, Flexeril, Norco and Prilosec. Primary treating office visit dated March 25, 2015 reported current medications consisted of: topical compound cream, Gabapentin, Norco, Flexeril, and Prilosec. The plan of care is with recommendation for: urine toxicology, continue X-force with Solar Care for knee use, and participate in aquatic therapy 18 sessions. On April 22, 2015 a request was made for aquatic therapy session 18 and topical compound cream which were noncertified by Utilization Review on May 19, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of pool therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: The records indicate the patient has ongoing complaints of severe low back pain, inguinal hernia pain, and bilateral shoulder pain. The current request for consideration is 12 sessions of pool therapy. The CA MTUS does recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. The CA MTUS physical medicine guidelines recommends for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the aquatic therapy may be indicated as the records indicate the patient has a weight bearing intolerance and the CA MTUS guidelines does support aquatic therapy in patients who cannot engage in land based exercise. However, the current request of 12 pool sessions exceeds guideline standards which allow 9-10 visits over 8 weeks. As such, the current request is not medically necessary as it is not consistent with MTUS guidelines.

Unknown prescription of topical compound Ketoprofen, Gabapentin, Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The records indicate the patient has ongoing complaints of severe low back pain, inguinal hernia pain, and bilateral shoulder pain. The current request for consideration is for unknown prescription of topical Ketoprofen, Gabapentin, and Tramadol. Recommended as an option as indicated below, 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. With respect to Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. With respect to Gabapentin: Not recommended. There is no peer-reviewed literature to support use. With regard to Tramadol: There is no peer reviewed literature to support its use as a topical analgesic. As such, the request for topical Ketoprofen, Gabapentin, and Tramadol is not consistent with MTUS guidelines and is not medically necessary.

