

Case Number:	CM15-0112314		
Date Assigned:	06/18/2015	Date of Injury:	07/31/2014
Decision Date:	07/20/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 43 year old female sustained an industrial injury on 7/31/14. She subsequently reported left upper extremity pain. Diagnoses include cervicgia and lumbar strain/ sprain. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience neck, back and left knee pain. Upon examination, there was tenderness to the left postero-lateral neck base and left paraspinous muscles. Lumbar range of motion was decreased. Straight leg raise testing was negative. There was full range of motion in the left knee and orthopedic testing was negative. A request for Physical therapy to the cervical and lumbar spine two (2) times a week for three (3) weeks and Flector 1.3% patches #60 with 5 refills was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patches #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector patch 1.3% patch #60 with 5 refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flector patch is indicated for acute sprains, strains and contusions. In this case, the injured worker's working diagnoses are lumbar strain; left knee pain; cervicalgia; and low back pain. Flector patch is indicated for acute sprains, strains and contusions. The date of injury is July 31, 2014. There is no documentation indicating acute sprain, strains or contusions are present on the injured worker. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Additionally, a request for five refills is not clinically indicated without evidence of objective functional improvement. Consequently, absent clinical documentation with acute sprains, strains and contusions and documentation of failed first-line treatment, Flector patch 1.3% patch #60 with 5 refills is not medically necessary.

Physical therapy to the cervical and lumbar spine two (2) times a week for three (3) weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Neck section; Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the cervical spine and lumbar spine two times per week times three weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar strain; left knee pain; cervicalgia; and low back pain. The documentation in the medical record from a physical therapy progress note states the injured worker completed six out of six physical therapy sessions to the cervical and lumbar spine. There was no change in pain. The injured worker was engaged in a home exercise program for posture and back strengthening. A billing form was present in the medical record indicating the injured worker received 18 physical therapy sessions. The billing form did not state the location as to where physical therapy was applied. There were no progress notes accompanying the billing form and 18 physical therapy sessions. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy over and above recommended

guidelines is clinically indicated. Consequently, absent clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy to the cervical spine and lumbar spine two times per week times three weeks is not medically necessary.