

Case Number:	CM15-0116565		
Date Assigned:	06/24/2015	Date of Injury:	12/13/2012
Decision Date:	07/23/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 46 year old female who sustained an industrial injury on 12/13/2012. She reported being struck in the left thigh and leg by a part of a copier machine. The injured worker was diagnosed as having lumbar strain with left leg radiculitis; piriformis syndrome; low back pain; MCL strain; and knee pain. She is post left knee medial meniscus tear, lateral meniscus tear, status post left knee arthroscopy with partial medial and lateral meniscetomy, mild lumbar strain, and right knee strain. Treatment to date has included oral and topical medications. Currently, the injured worker complains of flare up of left sided low back pain, left knee aching, burning pain following prolonged sitting and walking episodes. Medications include Ibuprofen, which is modestly effective. On examination, the lumbar spine is mildly tender to palpation on the left side paraspinals. She has good range of motion; negative facet loading; mildly positive straight leg raise on the left at 60 degrees, increased with left leg external rotation and with Faber's reproducing posterior thigh aching, burning pain with tender sacroiliac notch and neurovascular intact distally. The left knee is mildly tender to palpation on the lateral greater than medial joint line patella femoral; minimal tender to palpation about the Iliotibial Band distally, good range of motion; positive crepitus; negative grind; stable ligamentous stress; negative meniscal findings, negative Homan's, and the knee is neurovascularly intact distally. The treatment plan includes physical therapy and medications. Requests for authorization were made for the following: 1. Physical therapy for lumbar spine Qty: 8, 2. Flurbiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5% (FCL) Qty: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for lumbar spine Qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in December 2012. When seen, she was having a flare up of left-sided low back pain and left knee pain. There had been no new injury. Physical examination findings included mild left lumbar paraspinal tenderness with mildly positive left straight leg raising. There was mild left knee and distal iliotibial band tenderness and there was crepitus with range of motion. Prior medications had included Tylenol, Aleve, and ibuprofen which had failed and the claimant wanted to avoid chronic use of oral medications. The claimant is being treated for chronic pain with a flare-up of back and left knee pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. The request is not medically necessary.

Flurbiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5% (FCL) Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics - NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in December 2012. When seen, she was having a flare up of left-sided low back pain and left knee pain. There had been no new injury. Physical examination findings included mild left lumbar paraspinal tenderness with mildly positive left straight leg raising. There was mild left knee and distal iliotibial band tenderness and there was crepitus with range of motion. Prior medications had included Tylenol, Aleve, and ibuprofen, which had failed, and the claimant wanted to avoid chronic use of oral medications. In terms of this compounded medication, flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac, which could be considered in this case. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of

adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.