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| Case Number: | CM15-0116653 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 08/25/1999 |
| Decision Date: | 07/24/2015 | UR Denial Date: | 05/28/2015 |
| 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: 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:

The injured worker is a 77 year old male who sustained an industrial injury on 08/25/1999. The injured worker was diagnosed with bilateral shoulder tendinitis/impingement, bilateral carpal tunnel syndrome and lumbar herniated disc with radiculitis. The injured worker is status post bilateral shoulder arthroscopies (no date documented). According to the primary treating physician's progress report on May 11, 2015, the injured worker continues to experience low back pain with symptoms to the bilateral lower extremities. The injured worker also reports a feeling of increased weakness and loss of balance in the lower extremities. The injured worker rates his pain level at 8-9/10. Evaluation revealed the injured worker ambulates with a cane and has a limp of the left leg. Examination demonstrated tightness and spasm in the lumbar paraspinal muscles bilaterally with hypoesthesia at the anterolateral aspect of the foot and ankle at L4, L5 and S1 bilaterally. Range of motion was decreased with bilateral straight leg raise at +75 degrees bilaterally. Motor strength testing noted 3/5 bilaterally at foot dorsiflexors, evertors and knee extensors. The documented noted that the injured worker has completed physical therapy sessions (no quantity was indicated). The injured worker is unable to tolerate oral medications. Treatment plan consists of the current request for continuing physical therapy for the lower back, bilateral knees and shoulders twice weekly for 8 weeks, Flurbiprofen 10%, Capsaicin 0.25%, Menthol 2%, Camphor 1% and Lido Keto cream with Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times wkly for 8 wks, 16 sessions: 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) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times eight weeks (16 sessions) 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, injured worker's working diagnoses are chronic pain secondary to cephalgia; status post arthroscopy bilateral shoulders; bilateral tendinitis/impingement; olecranon bursitis/spur bilateral elbows; bilateral carpal tunnel syndrome; herniated lumbar disc; bilateral knee internal derangement; bilateral feet plantar fasciitis; anxiety and insomnia. The date of injury is August 25, 1999. The medical record contains nine pages and one progress note. The progress note is dated May 11, 2015 (request for authorization May 20, 2015). Subjectively, the injured worker has complaints of low back pain that radiates to the bilateral lower extremities. Pain is 8-9/10. The injured worker completed physical therapy that helps decreasing stiffness and range of motion. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. There is no documentation demonstrating objective functional improvement. The anatomical region for additional physical therapy is not clinically indicated. There is no documentation the injured worker is engaged in a home exercise program. Consequently, absent clinical documentation with objective functional improvement of prior physical therapy, the anatomical region to be treated and compelling clinical facts indicating additional physical therapy as clinically indicated, physical therapy two times per week times eight weeks (16 sessions) is not medically necessary.

Lido Keto cream with Flexeril 120 gm: Upheld

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

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, Lido-Keto cream with Flexeril 120 g is not 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 anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, injured worker's working diagnoses are chronic pain secondary to cephalgia; status post arthroscopy bilateral shoulders; bilateral tendinitis/impingement; olecranon bursitis/spur bilateral elbows; bilateral carpal tunnel syndrome; herniated lumbar disc; bilateral knee internal derangement; bilateral feet plantar fasciitis; anxiety and insomnia. The date of injury is August 25, 1999. The medical record contains nine pages and one progress note. The

progress note is dated May 11, 2015 (request for authorization May 20, 2015). Subjectively, the injured worker has complaints of low back pain that radiates to the bilateral lower extremities. Pain is 8-9/10. The injured worker completed physical therapy that helps decreasing stiffness and range of motion. The documentation states the injured worker is unable to tolerate oral medications. There is no discussion as to what symptoms the injured worker manifests based on an inability to tolerate oral medications. The anatomical regions to be treated with topical analgesics are not documented in the medical record. There is no documentation of first-line treatment failure with antidepressants and anticonvulsants. Lidocaine, in non-Lidoderm form is not recommended. Topical Flexeril is not recommended. Ketoprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (topical lidocaine, ketoprofen and Flexeril) that is not recommended is not recommended. Consequently, lido-keto cream with Flexeril 120 g is not recommended. Based on clinical information the medical record and the peer-reviewed evidence-based guidelines, Lido-Keto cream with Flexeril 120 g is not necessary.

Flurbiprofen 10%, Capsaicin 0.25%, Menthol 2%, Camphor 1%, 120 gm: Upheld

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

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, Flurbiprofen 10%, Capsaicin 0.025%, menthol 2%, camphor 1% #120 g 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 anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, injured worker's working diagnoses are chronic pain secondary to cephalgia; status post arthroscopy bilateral shoulders; bilateral tendinitis/impingement; olecranon bursitis/spur bilateral elbows; bilateral carpal tunnel syndrome; herniated lumbar disc; bilateral knee internal derangement; bilateral feet plantar fasciitis; anxiety and insomnia. The date of injury is August 25, 1999. The medical record contains nine pages and one progress note. The progress note is dated May 11, 2015 (request for authorization May 20, 2015). Subjectively, the injured worker has complaints of low back pain that radiates to the bilateral lower extremities. Pain is 8-9/10. The injured worker completed physical therapy that helps decreasing stiffness and range of motion. The documentation states the injured worker is unable to tolerate oral medications. There is no discussion as to what symptoms the injured worker manifests based on an inability to tolerate oral medications. The anatomical regions to be treated with topical analgesics are not documented in the medical record. There is no documentation of first-line treatment failure with antidepressants and anti-convulsants. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiprofen) that is not recommended is not recommended. Consequently, Flurbiprofen 10%, Capsaicin 0.025%, menthol 2%, camphor 1% #120 g is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 10%, Capsaicin 0.025%, menthol 2%, camphor 1% #120 g is not medically necessary.