

Case Number:	CM15-0117191		
Date Assigned:	06/25/2015	Date of Injury:	10/04/2002
Decision Date:	07/30/2015	UR Denial Date:	06/01/2015
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: New York
 Certification(s)/Specialty: Emergency 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 50-year-old male with a reported date of injury of 10/4/2002. The mechanism of injury was not included in the medical records provided for review. The IW was injured when a 300 pound rubber and steel roll fell on to his back and right shoulder. The injured worker's symptoms/injuries at the time of the injury were not included. The current diagnoses include lumbar radiculopathy, lumbar disc disorder, neck pain, cervical radiculopathy, lumbar spine degenerative disc disease, entrapment neuropathy of the upper limb, cervical strain, post cervical laminectomy syndrome, hand pain, and cervical disc disorder. Treatments and evaluation to date have included oral medications, physical therapy, epidural injections, and topical pain medication. Surgery to the cervical and lumbar spines has been recommended. The visit note dated 05/14/2015 indicates that the injured worker reported that his pain was along the left thumb and lower back. He stated that he was performing his home exercise program as outlined by prior physical therapy. The injured worker reported that he was taking his medications as prescribed, and that his medications continued to reduce his pain level with minimal side effects. With the reduction of his pain, he had improved function and was able to do more in and outside of the home. The injured worker reported that without medications, it was difficult for him to fall asleep and stay asleep, and sleep could be interrupted and he may wake up the next day un-rested. The physical examination showed restricted cervical spine range of motion; tenderness at the paracervical muscles; Spurling's maneuver caused pain in the muscles of the neck radiating to the upper extremity; decreased grip on the left; and decreased sensation in the first to third fingers on the left hand. The injured worker's treatment goals

included the improvement of physical function; pain would be reduced or performance of activities of daily living would be enhanced; pain level would be reduced on a visual analog scale; improvement of vocational/disability status; and the reduction/discontinuation of opioids and other pharmacologic medications when appropriate. The injured worker's work status was temporarily totally disabled until the next appointment. The treating physician requested twelve aquatic physical therapy sessions and Flector patches 1.3% #60. The rationale for the request is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy Qty: 12.00: 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 - Aquatic therapy, Neck and upper back - Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical Medicine Page(s): 22 and 98-99.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. There is no indication that the injured worker would not be able to participate in land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. There is documentation that the injured worker had a body mass index of 41.05, which is considered obese; however, there was no indication that reduced weight-bearing was desired. The guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and myositis, 9-10 visits over 8 weeks are recommended; for neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended; and for reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks are recommended." The request does for 12 visits exceeds these recommendations. In addition, the request does not specify the area that is to be treated. Therefore, the request for aquatic therapy is not medically necessary.

Flector patches 1.3% (Rx 4/16/15) Qty: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chapter, topical analgesics Flector patch.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They are largely experimental in use with few randomized

controlled trials to determine effectiveness or safety. The injured worker had been taking Topamax (anti-epileptic agent) since at least 05/15/2014; however, there is documentation that the medication had failed. The guidelines indicate that topical NSAIDs have "been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another two-week period." Topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. With respect to NSAID patches, CA MTUS states voltaren gel 1% as the only FDA- approved topical NSAID. The ODG states that Flector patch is not recommended as a first line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDS, after considering the increased risk profile of diclofenac. The medical records show that the injured worker was prescribed Flector patches sometime between 03/12/2015 and 05/14/2015. The documentation does not demonstrate improvement in function or decrease in pain with use of the patches. In addition, the request does not include too intended location of the patches or the frequency of application. The request for Flector patches is not medically necessary.