

Case Number:	CM15-0120936		
Date Assigned:	07/01/2015	Date of Injury:	02/25/2014
Decision Date:	08/25/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/23/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 49 year old man sustained an industrial injury on 2/25/2014. The mechanism of injury is not detailed. Diagnoses include status post left inguinal hernia repair, thoracic spine sprain/strain, status post lumbar spine surgery with residual bilateral lower extremity radiculopathy, bilateral shoulder sprain/strain, traumatic brain injury post-concussive syndrome, left chest wall pain, bilateral knee sprain/strain, bilateral ankle sprain/strain, and cervical spine sprain/strain with bilateral upper extremity radiculopathy. Treatment has included oral medications and physical therapy. Physician notes on a PR-2 dated 5/12/2015 show complaints of cervical spine pain rated 8/10 with bilateral upper extremity radiculopathy, thoracic and lumbar spine pain rated 8/10 with bilateral lower extremity radiculopathy, bilateral shoulder pain rated 6-7/10 with popping and clicking, bilateral knee pain rated 6/10 with popping, clicking, and giving out, and bilateral ankle pain rated 7-8/10. Recommendations include acupuncture, additional physical therapy, MRIS of the cervical and thoracic spine and bilateral shoulders, CT scan of the lumbar spine, additional chiropractic sessions, Narcosoft, Relafen, Prilosec, topical compound cream, MRIs of the bilateral knees and ankles, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to the bilateral knees and bilateral ankles 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: CA MTUS/ACOEM Guidelines recommend physical therapy (PT) for foot and ankle complaints. However in this case there is a lack of documentation of a physical exam of the lower extremities. There are no specific deficits of the foot/ankle documented. There is no rationale given for PT of the lower extremities and thus the medical necessity is not established.

MRI of the cervical, thoracic spine and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 207-209, 177-179.

Decision rationale: ACOEM Guidelines notes that unequivocal findings that identify specific nerve compromise on the neurologic exam warrant imaging studies if symptoms are sufficient and persist. When the neurologic exam is less than clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case there is insufficient documentation of a specific nerve root compression or red flag condition to support the medical necessity of cervical or thoracic MRI studies; based on the information submitted, MRI s of the bilateral shoulders appears reasonable and medically necessary and should be requested separately.

Prilosec 20 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-73.

Decision rationale: MTUS Chronic Pain Guidelines state that proton pump inhibitors (PPI) are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for GI events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for GI events with NSAID use, or another indication for this medication. The request for Prilosec is thus not medically necessary or appropriate.

Flurbiprofen/Cap/Menthol cream with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines states that topical agents are largely experimental with few randomized controlled trials to determine safety or efficacy. Any compounded agent that contains a drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not FDA approved for topical use. Therefore the request is deemed not medically necessary or appropriate