

Case Number:	CM15-0123096		
Date Assigned:	07/27/2015	Date of Injury:	02/21/2011
Decision Date:	09/01/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/25/2015

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: Pediatrics, 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 46 year old male, who sustained an industrial injury on 02/21/2011. He has reported subsequent low back and lower extremity pain and was diagnosed with sacroiliac pain, lumbar disc herniation, status post microdiscectomy, hemilaminectomy, persistent radiculopathy and right leg weakness, status post revision decompression with laminectomy and partial facetectomy and foraminotomy at L5 and partially at S1 and posterior spinal fusion of L5-S1 and internal derangement of the right shoulder. Treatment to date has included medication, TENS unit, physical therapy, steroid injection and surgery. In a progress note dated 05/28/2015, the injured worker complained of pain in the low back that radiates into the right buttock that felt like a pinching. Objective findings were notable for tenderness over the spinous process of the back, tenderness over the paraspinal muscles, tenderness to palpation of the right sacroiliac joint, pain with range of motion and decreased sensation of the lateral calf, lateral foot and dorsum of the foot. The injured worker was noted to be incapable of performing his usual and customary job and was permanently retired. A request for authorization of Prednisone 5 mg pack #43, Diclofenac/Bupivacaine/Cyclobenzaprine/Baclofen cream #240 and physical therapy 3 times per week for 4 weeks was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 5mg pack #43: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low Back; <http://www.odg-twc.com>; www.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter and Low Back Chapter, Oral Corticosteroids.

Decision rationale: MTUS guidelines are silent regarding the use of Prednisone so alternative guidelines were referenced. AS per ODG, oral corticosteroids are not recommended for chronic pain except for Polymyalgia rheumatic and given the lack of data of efficacy and safety as well as serious adverse effects, they should be avoided. Corticosteroids can be recommended in limited circumstances for acute radicular pain for those patients who have clear-cut signs and symptoms of radiculopathy but risks of use should be discussed and documented in the record and treatment in the chronic phase of injury should generally be after a symptom free period with subsequent exacerbation or when there is evidence of a new injury. It's unclear from the documentation submitted as to how long Prednisone had been prescribed to the injured worker, the reason for prescription of the medication and the effectiveness of the medication. The physician noted in the most recent progress note that he wanted to give the injured worker a Prednisone taper. The documentation submitted is insufficient to support medical necessity. Therefore the request for Prednisone is not medically necessary. Of note, discontinuation of Prednisone should include a taper, to avoid withdrawal symptoms.

Diclo/Bupi/Cyclo/Baclo cream #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation www.odg-twc.com/odgtwc/pain.htm#Topicalanalgesics.

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

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety 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." MTUS indicates that topical Diclofenac is indicated for the relief of osteoarthritis in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist and has not been evaluated for treatment of the spine, hip and shoulder. Documentation shows that the injured worker's main pain complaints involved the spine and shoulder. The documentation shows that the physician wanted to trial topical Diclofenac/Bupivacaine/Cyclobenzaprine/Baclofen cream. There is no documentation of a failure of first line therapy. In addition, as per MTUS, topical Baclofen, bupivacaine and Cyclobenzaprine are not FDA approved for topical use. In addition,

there was no frequency, dosage or instructions for use documented on the request or in the most recent progress note. Therefore, the request for Diclofenac/Bupivacaine/Cyclobenzaprine/Baclofen cream is not medically necessary.

Physical therapy 3 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines (ODG), Preface to Physical Therapy Guidelines.

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 Chapter, Physical Therapy.

Decision rationale: As per CA MTUS, "active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." MTUS indicates that this therapy may require supervision from a therapist or medical provider for instruction and patients are expected to continue active therapies at home. As per MTUS, for a diagnosis of neuralgia, neuritis and radiculitis, 8-10 visits over 4 weeks is recommended. As per ODG, physical therapy for treatment of low back pain is recommended and for a diagnosis of sciatica; thoracic/lumbosacral neuritis/radiculitis, unspecified 10-12 visits over 8 weeks is recommended. The documentation submitted notes that physical therapy was being requested for lumbar pain with radiculopathy. Documentation shows that previous physical therapy had been received but there was no indication as to how many visits had been received or that physical therapy had resulted in any objective functional improvement. Therefore, the documentation submitted is insufficient to establish medical necessity and the request for 12 visits of physical therapy is not medically necessary.