

Case Number:	CM15-0129427		
Date Assigned:	07/16/2015	Date of Injury:	06/09/2014
Decision Date:	08/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/06/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 66-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 9, 2014. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve requests for eight sessions of massage therapy, a lumbar support, a topical compounded medication, and Flexeril. The claims administrator referenced a May 26, 2015 RFA form and an associated progress note of May 14, 2015 in its determination. The applicant's attorney subsequently appealed. On June 12, 2015, the applicant reported ongoing complaints of neck and low back pain. Radiation of pain to the right leg was reported. The applicant had apparently transferred care from another provider, it was noted. Twelve sessions of physical therapy and strengthening exercises were endorsed. The attending provider posited that the applicant was not a candidate for any kind of surgical intervention. In a May 26, 2015 RFA form, massage therapy, a lumbar support, a topical compounded medication, and Flexeril were all sought. In an associated progress note of May 14, 2015, the applicant reported multifocal complaints of neck, low back, bilateral elbow, and bilateral hand pain. The applicant was on Motrin and Flexeril. The applicant was using a cane to move about. The applicant was off of work, it was acknowledged. Massage therapy, topical compounds, a lumbar support, acupuncture, Flexeril, and a hand surgery consultation were endorsed. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy; 8 sessions (2x4), cervical spine and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy; Physical Medicine Page(s): 60; 98.

Decision rationale: No, the request for eight sessions of massage therapy for the neck and low back was not medically necessary, medically appropriate, or indicated here. The eight-session course of massage therapy at issue, in and of itself, represents treatment in excess of the four to six treatments to which massage therapy should be limited in most cases, per page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 60 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that massage therapy should be employed as an adjunct to other recommended treatments, such as exercise. Here, however, the applicant was off of work, on total temporary disability, as of the date in question, May 14, 2015. It did not appear, thus, that the applicant was intent on employing the massage therapy in question in conjunction with an exercise program. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive modalities such as massage, as a whole, should be employed sparingly during the chronic pain phase of treatment. Here, thus, the request for multiple different passive modalities to include a lumbar support, massage therapy, and topical compounded medications, thus, ran counter to MTUS principles and parameters. Therefore, the request was not medically necessary.

Lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Similarly, the request for a lumbar spine brace (AKA lumbar support) was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, May 14, 2015, following an industrial injury of June 9, 2014. Introduction, selection, and/or ongoing use of a lumbar support was not, thus, indicated, per ACOEM. Therefore, the request was not medically necessary.

Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180 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 rationale: Similarly, the request for a flurbiprofen-baclofen-lidocaine containing topical compounded cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Flexeril (Cyclobenzaprine(HCL) 10 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Finally, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Motrin and a topical compounded agent, it was reported on May 14, 2015. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.