

Case Number:	CM15-0173504		
Date Assigned:	09/15/2015	Date of Injury:	01/02/2015
Decision Date:	10/15/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female sustained an industrial injury on 1-2-15. Documentation indicated that the injured worker was receiving treatment for injuries to the neck and left shoulder. Previous treatment included physical therapy and medications. Documentation did not disclose the number of previous physical therapy sessions. Magnetic resonance imaging left shoulder (3-9-15) showed possible calcific tendonitis at the supraspinatus tendon as well as mild supraspinatus tendinosis and mild acromioclavicular osteoarthritis. In a PR-2 dated 5-19-15, the injured worker complained of ongoing neck pain with radiation to the left arm. Physical exam was remarkable for tenderness to palpation along the cervical spine musculature with 2+ spasms, decreased deep tendon reflexes at the left biceps, decreased sensation at the left C5-6 distribution and decreased motor strength at the left wrist extensors and left brachioradialis. The injured worker was participating in physical therapy. In a PR-2 dated 7-21-15, the injured worker reported that her neck and arm pain were improved with physical therapy. The physical therapist was requesting more physical therapy. Physical exam was remarkable for tenderness to palpation along the cervical spine paraspinal musculature with 1 + spasms with 5 out of 5 bilateral upper extremity strength and intact sensation and deep tendon reflexes. The treatment plan included topical anti-inflammatory cream with Lidocaine and additional physical therapy, twelve sessions for the cervical spine. On 8-5-15, Utilization Review noncertified a request for Flurbiprofen 25%-Lidocaine 5% in Lidoderm Base Topical Cream 30gm Tube, 3 Day Supply. Flurbiprofen 25%-Lidocaine 5% in Lidoderm Base Topical Cream 120gm Tube, 30 Day Supply and additional physical therapy (12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%/Lidocaine 5% in Lidoderm Base Topical Cream 30gm Tube, 3 Day Supply (Dispensed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in January 2015 and is being treated for neck pain with right upper extremity radiating symptoms after a near fall after being struck by a motorized wheelchair. Treatments have included physical therapy beginning approximately 3 weeks after injury with 11 treatments documented as of 03/04/15 and 6 additional treatments as of 07/22/15. When seen, she was having ongoing left neck, shoulder, and arm pain. Although a second course of physical therapy had been provided, the reports references this as being denied. Physical examination findings included cervical paraspinal muscle spasms with decreased upper extremity strength. Diagnoses were left shoulder internal derangement and cervical radiculopathy. An MRI of the cervical spine showed mild spondylosis and a scan of the left shoulder showed mild acromioclavicular joint osteoarthritis and mild tendinosis and possible calcific tendinitis. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. The claimant has not had a trial of topical diclofenac and there are other single component topical treatments with generic availability that could be considered. This medication was not medically necessary.

Flurbiprofen 25%/Lidocaine 5% in Lidoderm Base Topical Cream 120gm Tube, 30 Day Supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in January 2015 and is being treated for neck pain with right upper extremity radiating symptoms after a near fall after being struck by a motorized wheelchair. Treatments have included physical therapy beginning approximately 3 weeks after injury with 11 treatments documented as of 03/04/15 and 6 additional treatments as of 07/22/15. When seen, she was having ongoing left neck, shoulder, and arm pain. Although a second course of physical therapy had been provided, the reports references this as being denied.

Physical examination findings included cervical paraspinal muscle spasms with decreased upper extremity strength. Diagnoses were left shoulder internal derangement and cervical radiculopathy. An MRI of the cervical spine showed mild spondylosis and a scan of the left shoulder showed mild acromioclavicular joint osteoarthritis and mild tendinosis and possible calcific tendinitis. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. The claimant has not had a trial of topical diclofenac and there are other single component topical treatments with generic availability that could be considered. This medication was not medically necessary.

Additional Physical Therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Shoulder (Acute & Chronic), physical therapy (2) Neck and Upper Back (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in January 2015 and is being treated for neck pain with right upper extremity radiating symptoms after a near fall after being struck by a motorized wheelchair. Treatments have included physical therapy beginning approximately 3 weeks after injury with 11 treatments documented as of 03/04/15 and 6 additional treatments as of 07/22/15. When seen, she was having ongoing left neck, shoulder, and arm pain. Although a second course of physical therapy had been provided, the reports reference this as being denied. Physical examination findings included cervical paraspinal muscle spasms with decreased upper extremity strength. Diagnoses were left shoulder internal derangement and cervical radiculopathy. An MRI of the cervical spine showed mild spondylosis and a scan of the left shoulder showed mild acromioclavicular joint osteoarthritis and mild tendinosis and possible calcific tendinitis. In terms of physical therapy for these conditions, guidelines recommend up to 9-10 treatment sessions over 8 weeks and at least partial concurrent treatments would be expected and the claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.