

Case Number:	CM15-0046683		
Date Assigned:	03/18/2015	Date of Injury:	03/16/2011
Decision Date:	04/23/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/11/2015

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
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 53-year-old female, who sustained an industrial injury on 03/16/2011. The injured worker is currently diagnosed as having status post C2 to C7 laminoplasty with instrumentation on 09/10/2014, bilateral upper extremity paresthesias and radiating symptoms, chronic pain syndrome, cervical radiculopathy, cervical spine chronic bilateral C8 radiculopathies, cervical spine sprain/strain, right shoulder sprain/strain, and lateral epicondylitis. Treatment to date has included surgery, physical therapy, cervical MRI, electromyography/nerve conduction studies, and medications. In a progress note dated 01/13/2015, the injured worker presented with complaints of significant pain and stiffness in her neck and has only had 6 visits of physical therapy. Patient has reportedly been doing well with physical therapy. There is documented decrease in pain and noted improvement in range of motion. The treating physician reported recommending 12 additional visits of physical therapy due to the injured worker doing reasonably well but continues to have significant stiffness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy re-evaluation and treatment, 1-2 weeks, cervical spine Qty: 12.00:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: As per MTUS Post-surgical treatment guidelines, patient may receive up to, 24 physical sessions over 16 weeks for the type of surgery patient had. Patient has completed 6 sessions with documented improvement in pain and range of motion. Additional physical therapy is medically necessary.

Topical Gabapentine pain cream (strength and quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11, 113.

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

Decision rationale: As per MTUS guidelines, most topical analgesics are considered experimental with poor evidence to support efficacy or safety. Gabapentin is an antiepileptic medication. It is not FDA approved for topical application. There is no evidence to support topical use. Use of a non-FDA approved application of a medication with no evidence to support use topically is not medically recommended.