MAXIMUS Federal Services

Case Number:	CM15-0062989		
Date Assigned:	05/15/2015	Date of Injury:	05/18/2011
Decision Date:	06/15/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/02/2015

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: California, Indiana, New York
Certification(s)/Specialty: 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 44-year-old male, who sustained an industrial injury on 05/18/2011. He reported immediate pain in his right hand, wrist and fingers, right elbow, right foot ankle and groin area after falling from a ladder and landing on concrete. Treatment to date has included medications, MRI and physical therapy. According to a progress report dated 02/07/2015, the injured worker complained of right anterior elbow, right posterior elbow, right anterior wrist and hand and right ankle pain. Pain was rated 6 on a scale of 1-10. He had numbness and tingling in the right anterior forearm and right anterior elbow pain. He reported dizziness, anxiety, stress and insomnia. Diagnoses included right elbow lateral epicondylitis, right thumb de Quervain's disease, right plantar fasciitis and right foot plantar calcaneal spur. Treatment plan included Prilosec, Tramadol, Flurbiprofen 20%/Tramadol 20% 180 grams, physiotherapy and a urine drug screen. Currently under review is the request for Flurbiprofen 20%/Tramadol 20% 180 grams and 6 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Tramadol 20% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 20%/Tramadol 20% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are right elbow epicondylitis; right thumb DeQuervain's disease; right plantar fasciitis; and right foot plantar calcaneal spur. The documentation from the medical record shows the injured worker received prior physical Thursday to the right wrist and right elbow. The treatment plan in the most recent progress note dated February 7, 2015 subjectively states continued pain in the wrist, elbow and ankle. Objectively, there are clinical findings referencing right elbow and foot. There are no subjective complaints referencing the neck and lower back. There are no objective clinical findings referencing the cervical spine and lumbar spine. The documentation does not state to what body part the topical analgesic is to be applied. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiprofen) that is not recommended is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 20%/Tramadol 20% is not medically necessary.

6 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine 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) Neck and low back sections, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 6 sessions physical therapy are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right elbow epicondylitis; right thumb DeQuervain's disease; right plantar fasciitis; and right foot plantar calcaneal spur. The documentation from the medical record shows the injured worker received prior physical Thursday to the right wrist and right elbow. The treatment plan in the most recent progress note dated February 7, 2015 subjectively states continued pain in the wrist, elbow and ankle. Objectively there are clinical findings referencing right elbow and foot. There are no subjective

complaints referencing the neck and lower back. There are no objective clinical findings referencing the cervical spine and lumbar spine. Despite the lack of subjective and objective clinical findings, the treating provider requested physical therapy successions two times per week times three weeks to the cervical and lumbar spine. There is no clinical rationale in the medical record to support physical therapy to the cervical and lumbar spine. There was no clinical documentation to support physical therapy to the neck and lumbar spine. Consequently, absent clinical documentation with subjective complaints and objective clinical findings to support physical therapy to the cervical and lumbar spine and a clinical rationale for six visits of physical therapy, 6 sessions physical therapy are not medically necessary.