

Case Number:	CM15-0066712		
Date Assigned:	04/14/2015	Date of Injury:	10/09/2013
Decision Date:	05/28/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/07/2015

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 59 year old female, who sustained an industrial injury on 10/09/2013. Diagnoses include left knee contusion, left knee early degenerative joint disease, acute lumbar strain with left lower extremity radicular pain, rule out disc herniation, and cervical spine strain/sprain rule out disc herniation. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) and electrodiagnostic testing, medications, physical therapy and work modification. Per the Primary Treating Physician's Progress Report dated 2/19/2015, the injured worker reported persistent improving neck pain rated 5/10, intermittent, improving lower back pain rated 3/10 and worsening left knee pain rated 5/10. She reports swelling of the left knee. Mediations and therapy make the pain better. Physical examination of the cervical spine revealed decreased range of motion with palpable tenderness over the bilateral upper trapezius and cervical paravertebral muscles. Lumbar spine evaluation revealed a positive straight leg raise on the right with radiation to into the right buttock. There was palpable tenderness over the bilateral lumbar paravertebrals wit palpable muscular hypertonicity and tenderness. Examination of the left knee revealed left medial joint space pain. Range of motion was slightly deficient in flexion, however, orthopedic tests were negative. There was some tenderness over the patellofemoral articulation. The plan of care included medications and physical therapy and Authorization was requested on 3/02/2015 for 12 (2 x 6) physical therapy sessions for the lumbar spine and Flurbiprofen/lidocaine cream 20%/5% 180 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions the lumbar spine 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left knee contusion; left knee degenerative joint disease; acute lumbar strain with left lower extremity radiculopathy; cervical spine sprain/strain. Subjectively, according to a February 19, 2015 progress note, the injured worker has persistent pain in the neck 5/10 and lower back 3/10. Pain is made better with therapy, rest and medication. Objectively, range of motion is decreased in all planes of motion; positive straight leg raising on the right with radiculopathy to the right product; tenderness palpation over the lumbar paraspinal muscles. Neurologically, there were no positive neurologic findings. The clinical rationale in the February 19, 2015 progress note is to attempt to transition the injured worker to a home exercise program. The documentation shows the injured worker received approximately 40 physical therapy sessions. The dates range from 2013 through 2015 (all dates are enumerated within the body of the medical record). In a January 2014 progress note, 14 physical therapy sessions were rendered to the injured worker. In a June 25, 2014 progress note, an additional 12 physical therapy sessions were rendered to the injured worker. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy (over and above 40 physical therapy sessions previously rendered) indicating additional physical therapy is clinically warranted. There are multiple physical therapy notes in the medical record, however, there is no documentation of objective functional improvement. Consequently, absent compelling clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, 12 physical therapy sessions to the lumbar spine are not medically necessary.

Flurbiprofen/Lidocaine Cream 20%/5% 180gm: 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: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 20% and Lidocaine 5%, 180gm 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 effect Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are left knee contusion; left knee degenerative joint disease; acute lumbar strain with left lower extremity radiculopathy; cervical spine sprain/strain. Subjectively, according to a February 19, 2015 progress note, the injured worker has persistent pain in the neck 5/10 and lower back 3/10. Pain is made better with therapy, rest and medication. Objectively, range of motion is decreased in all planes of motion; positive straight leg raising on the right with radiculopathy to the right product; tenderness palpation over the lumbar paraspinal muscles. Neurologically, there were no positive neurologic findings. The treating provider's clinical indication for the topical analgesic is to control pain further and increase functionality. Topical lidocaine in non-Lidoderm form is not recommended. Flurbiprofen is not FDA approved and not recommended. Any compounded product that contains at least one drug (lidocaine in non-Lidoderm form and topical Flurbiprofen) that is not recommended is not recommended. Consequently, Flurbiprofen 20% and Lidocaine 5%, 180gm is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 20% and Lidocaine 5%, 180gm is not medically necessary.