

Case Number:	CM15-0070354		
Date Assigned:	04/20/2015	Date of Injury:	02/02/2009
Decision Date:	05/27/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/14/2015

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: 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 injured worker is a 40 year old male, who sustained an industrial injury on 2/2/2009. The current diagnoses are cervical/lumbar spine musculoligamentous strain/sprain with radiculitis, rule out cervical/lumbar spine discogenic disease, thoracic spine musculoligamentous strain/sprain, right shoulder sprain, right shoulder tendinosis, rule out right shoulder impingement syndrome, situational depression, and sleep disturbance secondary to pain. According to the progress report dated 8/26/2014, the injured worker complains of pain in the neck, mid/upper back, lower back, and right shoulder/arm. His neck pain is rated 6/10 on a subjective pain scale, increased from 5/10 on the last visit; 7/10 in the mid/upper back, increased from 6/10; lower back is 8/10, increased from 6/10 and right shoulder/arm is 6/10, which has remained the same. The current medication list was not available for review. Treatment to date has included medication management and physical therapy. The plan of care includes 12 additional physical therapy sessions to the cervical/thoracic spine and prescription for topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Retro Request for Continued Physical Therapy 2 Times A Week for 6 Weeks for The Cervical Area As An Outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Additional physical therapy is not medically necessary. 12 Retro Request for Continued Physical Therapy 2 Times A Week for 6 Weeks for The Cervical Area As An Outpatient is not medically necessary.

12 Retro Request for Continued Physical Therapy 2 Times A Week for 6 Weeks for The Thoracic Area As An Outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. 12 Retro Request for Continued Physical Therapy 2 Times A Week for 6 Weeks for The Thoracic Area As An Outpatient is not medically necessary.

Retro Request for Topical Cream Base (Flurbiprofen 210 Grams/ 20 Percent, Gabapentin 210 Grams/ 10 Percent, Tramadol 20 Percent, Amitriptyline 10 Percent, Dextromethorphan 10 Percent) Apply to Affected Areas, 3 Times Per Day or As Needed, Qty Unspecified, No Refills, Unlisted Related to Chronic Pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Retro Request for Topical Cream Base (Flurbiprofen 210 Grams/ 20 Percent, Gabapentin 210 Grams/ 10 Percent, Tramadol 20 Percent, Amitriptyline 10 Percent, Dextromethorphan 10 Percent) is not medically necessary.