

Case Number:	CM15-0090499		
Date Assigned:	05/14/2015	Date of Injury:	06/26/2003
Decision Date:	07/07/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/11/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old female, who sustained an industrial injury on 06/26/2003 in the form of cumulative trauma that resulted in the onset of pain in her neck, back, bilateral upper extremities and left leg. Treatment to date has included medications, electrodiagnostic studies, MRI of the lumbar and cervical spine, right wrist and left ankle, physical therapy and psychological testing. Surgical history included nasal and cervical spine surgery. According to a progress report dated 01/12/2015, the injured worker complained of moderate pain in the bilateral shoulders rated 7 on a scale of 1-10. She complained of mild to moderate right wrist pain rated 6. Severe pain in the lumbar spine was rated 8. Moderate pain in the left ankle was rated 7. Medications regimen included Relafen, Tramadol, Omeprazole and sleep medications. She was attending physical therapy 2 times a week and had completed her course. She reported no improvement in symptoms with therapy. Diagnoses included cervical disc syndrome, bilateral ankle internal derangement, cervical radiculitis, carpal tunnel syndrome bilateral, lumbar spine spondylosis, lumbar disc disease with left leg sciatica, depressive disorder and anxiety unspecified. Treatment plan included request for functional capacity evaluation, topical compound cream, Lidoderm patches, MRI of the cervical and lumbar spine, pain management evaluation, referral to psych, Norco and urine test. The injured worker remained temporarily totally disabled. According to a pain management consultation dated 04/02/2015, the injured worker complained of cervical, thoracic, lumbar, sacroiliac, pelvic, sacral, buttock, calf, ankle, foot, hip and leg pain. Her current pain level was rated 8 on a scale of 1-10. Discomfort at its worst was rated 10 and at best 7. She also report numbness and tingling of the left anterior knee,

left shin, left ankle, left foot, left posterior knee and left calf. She experienced dizziness, anxiety and stress. She felt better with pain medication, rest and topical compound. Diagnoses included cervical intervertebral disc displacement without myelopathy and brachial neuritis or radiculitis. Treatment plan included physiotherapy of the cervical and lumbar spine, Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375% and Hyaluric acid 0.20% 180 grams and Lidoderm patches and urine drug screening. The injured worker was temporarily totally disabled for 45 days. Currently under review is the request for 6 physiotherapy sessions to the cervical and lumbar spine, 1 prescription of topical compound FCL to include Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375% and Hyaluric acid 0.20% 180 grams, unknown prescription of Lidoderm patches and 1 urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physiotherapy sessions to the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 308 and 117. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

1 Prescription of topical compound FCL to include Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, and Hyaluric acid 0.20%, #180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded.

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally the component ingredient Baclofen is

specifically not recommended for topical use by MTUS given a lack of supporting medical literature regarding its effectiveness. Additionally Capsaicin has been requested at a higher concentration than recommended by MTUS. For these multiple reasons, this request is not medically necessary.

Unknown prescription of Lidoderm patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Lidoderm Page(s): 112.

Decision rationale: MTUS recommends topical Lidoderm only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. This request is not medically necessary.

1 Urine drug test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: MTUS recommends urine drug testing as an option to assess for aberrant behavior. A prior physician review notes that opioid medication has not been requested; however, recent medical records discuss prescriptions for Norco. In addition, the patient overall has an unusual degree of recent titration of treatments for chronic pain out of proportion to objective findings. For these reasons, urine drug screening would be supported by MTUS at the discretion of the treating physician. Therefore this request is medically necessary.