

Case Number:	CM15-0099034		
Date Assigned:	06/01/2015	Date of Injury:	02/03/2015
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/22/2015

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 48 year old male who sustained an industrial injury on 02/03/2015. Current diagnoses include acute on chronic cervical strain, cervical disc degeneration, right trapezial strain, right shoulder strain and acromioclavicular strain, bilateral wrist strain, bilateral carpal tunnel syndrome status post carpal tunnel release (pre-existing), and bilateral knee contusion, and patellofemoral pain. Previous treatments included medication management and physical therapy. Report dated 04/30/2015 noted that the injured worker presented with complaints that included persistent pain in the neck, back, right shoulder, and left wrist. Pain level was 3 out of 10 on a visual analog scale (VAS). Physical examination was positive for decreased range of motion in the cervical spine, lumbar spine, right shoulder, and left wrist, tenderness in the paraspinals, positive Spurling's on the right, tenderness in the acromioclavicular joint with decreased strength, and tenderness in the left wrist. The treatment plan included obtaining bilateral upper extremity EMG/NCV studies, continue physical therapy, request additional physical therapy, request flurbiprofen/lidocaine cream, and continue medications as needed. It was noted that the injured worker has completed six out of the seven or eight previously authorized physical therapy sessions, and that physical therapy has increased his functioning and decreased his pain. Disputed treatments include 12 sessions of physical therapy for the cervical spine and right shoulder, and flurbiprofen/lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the cervical spine to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 203, 121.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The request for 12 sessions is outside the recommendations of the MTUS Guidelines. The request for 12 sessions of physical therapy for the cervical spine to the right shoulder is not medically necessary.

Flurbiprofen 20%/Lidocaine 5% cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory agents, Lidocaine, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Topical Analgesics Section Page(s): 67-73, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAID's have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The request for Flurbiprofen 20%/Lidocaine 5% cream 180gm is not medically necessary.