

Case Number:	CM15-0099095		
Date Assigned:	06/01/2015	Date of Injury:	08/08/2012
Decision Date:	06/30/2015	UR Denial Date:	04/22/2015
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 49 year old female, who sustained an industrial/work injury on 8/8/12. She reported initial complaints of neck, back, and right hand pain along with anxiety and forgetfulness. The injured worker was diagnosed as having cervical disc bulge with radiculitis, bilateral carpal tunnel syndrome, lumbar disc bulge with radiculitis, shoulder tendonitis bilaterally, and thoracic outlet syndrome. Treatment to date has included medication and diagnostics. MRI results were reported on 12/4/12 reports straightening of the cervical spine, early disc desiccation at C2-3 to C6-7 levels, annular tear at C2-3, C3-4, and C6-7, and focal central disc protrusion with annular tear effacing the thecal sac. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 2/28/13 that revealed mild right > left carpal tunnel syndrome. Currently, the injured worker complains of flare up of neck, shoulder, arm, wrist, and hand pain. There was also right leg numbness and tingling. Sleep was disrupted due to nightmares. Per the primary physician's progress report (PR-2) on 4/14/15, cervical distraction elicits pain in the cervical spine and decreased tension in the shoulders-positive bilaterally, and decreased range of motion to cervical, lumbosacral, bilateral shoulder, and elbow. The requested treatments include FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.2%) 180 grams, Home interferential stimulator for 90 days, and Follow up with Internist. No rationale given for the request for follow up with internist.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.2%) 180 grams: 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: MTUS Guidelines are very specific that only FDA/Guideline approved topical are recommended for use and any compound containing an ingredient that is not approved is not recommended. This compound includes Flurbiprofen which is not Guideline support and the Guidelines specifically state that topical muscle relaxants (Baclofen) are not indicated. There are no unusual circumstances to justify an exception to Guidelines, the FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.2%) 180 grams is not medically necessary.

Home interferential stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 118-120.

Decision rationale: Due to the uncertain benefits from interferential stimulation MTUS Guidelines have very specific criteria to justify its use. These criteria include an application by a health care professional with demonstrated benefit. If that application is beneficial then a 30 day home trial is recommended with very specific monitoring of its use and benefits during the 30 days. This request for 60-90 day trial is not supported by Guidelines and is not medically necessary.

Follow up with Internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 7, Independent Medical Examinations and Consultations; and on the Official Disability Guidelines (ODG), Pain Chapter, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

Decision rationale: MTUS Guidelines support the referral to specialists when there are medical problems outside the expertise of the primary treating physician. The referral should be based on rational for such a referral and none is given. This individual had not seen a physician for 5 months prior to this evaluation and no mention of internal medicine specific problems are documented in the records reviewed. At this point in time, the follow up with Internist is not justified and is not medically necessary.

