

Case Number:	CM15-0099102		
Date Assigned:	06/01/2015	Date of Injury:	09/01/2012
Decision Date:	07/07/2015	UR Denial Date:	04/28/2015
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: 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 55-year-old male injured worker suffered an industrial injury on 09/01/2012. The diagnoses included bilateral radial tunnel syndrome, low back pain and shoulder impingement. The diagnostics included cervical, left/right elbow, and lumbar magnetic resonance imaging. The injured worker had been treated with medications, elbow surgery, cortisone injections and physical therapy. On 4/21/2015, the treating provider reported lower back pain rated 8/10, both elbows 8/10 and right wrist pain 7/10. On exam there was reduced lumbar range of motion. The treatment plan included Additional Physiotherapy, Flurbiprofen, Baclofen, Dexamethasone, Menthol, Camphor, Capsaicin and Hyaluronic acid, and Pain Management Specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physiotherapy 2 x 3: Upheld

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

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

Decision rationale: The patient presents with low back pain, rated at 8/10, bilateral elbow pain, rated at 8/10, and right wrist pain, rated at 7/10, as per progress report dated 04/21/15. The request is for ADDITIONAL PHYSICAL THERAPY FOR LEFT ELBOW 2 X 3. The RFA for the case is dated 02/18/15, and the patient's date of injury is 09/01/12. Diagnoses, as per progress report dated 04/21/15, included bilateral elbow sprain/strain, lumbosacral sprain/strain, hand sprain/strain, and right heel pain. The patient is status post left elbow surgery. The reports do not document the patient's work status. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient underwent left elbow surgery on 06/01/14, and subsequently completed 8 session of PT, as per progress report dated 02/18/15. The patient is not within the post-operative time frame at this time. As per progress report dated 03/02/15, the patient has been authorized for 6 sessions of PT to the left elbow. The treater is requesting for 6 additional sessions in progress report dated 04/21/15. MTUS, however, allows only 8-10 sessions of PT in non-operative cases. Hence, the current request IS NOT medically necessary.

Compound medication: Flurbiprofen, Baclofen, Dexamethasone, Menthol, Camphor, Capsaicin and Hyaluronic acid (dosage unspecified): Upheld

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

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

Decision rationale: The patient presents with low back pain, rated at 8/10, bilateral elbow pain, rated at 8/10, and right wrist pain, rated at 7/10, as per progress report dated 04/21/15. The request is for TOPICAL COMPOUND CREAM: FLURBIPROFEN, BACLOFEN, DEXAMETHANE, MENTHOL, CAMPHOR, CAPSAICIN AND HYALURONIC ACID. The RFA for the case is dated 02/18/15, and the patient's date of injury is 09/01/12. Diagnoses, as per progress report dated 04/21/15, included bilateral elbow sprain/strain, lumbosacral sprain/strain, hand sprain/strain, and right heel pain. The patient is status post left elbow surgery. The reports do not document the patient's work status. The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Additionally, the guidelines state that there is no evidence for use of any muscle relaxants such as cyclobenzaprine as a topical product. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Regarding Capsaicin, MTUS guidelines state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Regarding topical analgesics, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. MTUS guidelines further states "Other agents: Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia, and both studies showed encouraging results." In this case, a prescription for this topical formulation is noted in progress report dated 04/21/14. The treater does not explain why this cream was chosen over other products. There is no indication of peripheral joint arthritis for which topical Flurbiprofen is recommended. MTUS does not support the use topical muscle relaxants such as Baclofen. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request IS

NOT medically necessary.