

Case Number:	CM13-0007598		
Date Assigned:	12/11/2013	Date of Injury:	11/01/2006
Decision Date:	01/22/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old male who reported an injury on 11/1/06; he was sliding a 4 x 8 x 1/4 steel plate off the truck when his foot got stuck and it landed on top of him. The patient continues to complain of persistent low back pain with some numbness and tingling in the left leg. The diagnoses include status post L4-5 posterior lumbar interbody fusion, L2-3 and L5-S1 disc protrusions, and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: The California MTUS states that Cyclobenzaprine is recommended for a short course of therapy. This medication is more effective than placebo in the management of back pain, but the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. The clinical documentation submitted for review indicated the patient was prescribed

Cyclobenzaprine on 7/3/13, but it failed to state the efficacy of the requested medication. Additionally, it failed to provide necessity for an extended treatment as this medication is recommended for a short duration. Given the above, the request is not medically necessary.

Exoten-C lotion 0.002% / 10% / 20%, 113.4ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,111-112. Decision based on Non-MTUS Citation Drugs.com

Decision rationale: Per Drugs.com, this is a topical analgesic containing methyl salicylate, menthol, and 0.02% capsaicin. The California MTUS does not specifically address Exoten-C, but it does state that topical analgesics are "largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. . . Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." The clinical documentation submitted for review indicated the patient had a previous prescription of Exoten-C on 7/3/13, but it failed to provide the medication's efficacy. Given the above, the request is not medically necessary.

Eight acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS guidelines recommend acupuncture as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain and inflammation, to increase blood flow and range of motion, to decrease the side effects of medication-induced nausea, to promote relaxation in an anxious patient, and to reduce muscle spasms. The time to produce functional improvement is 3-6 sessions, but treatment may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the physician was requesting physical therapy, and that the patient had physical examination findings indicating a positive sciatic stretch test bilaterally with a significantly reduced range of motion. However, the clinical documentation failed to provide the necessity for eight sessions of acupuncture, as well as the body part for which acupuncture was being requested. Given the above, the request is not medically necessary.