MAXIMUS Federal Services

Case Number:	CM13-0007918		
Date Assigned:	12/13/2013	Date of Injury:	05/16/2012
Decision Date:	01/23/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/06/2013

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 Physical Medicine and Rehabilitation, 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 claimant is a 43-year-old female who was injured in a work-related accident on 5/15/12. Clinical records dated 07/01/2013 and signed by [redacted]., state that the claimant had continued complaints of left knee pain following a recent corticosteroid injection; however, she had improved overall, with some mechanical symptoms. The records stated that six sessions of acupuncture treatment were indicated. The medications taken by the claimant at the time included Norco, Fexmid, and Dendracin cream. She had continued complaints of pain about the low back with positive straight leg raising, muscle spasm, and tenderness, and diminished motion to the knees. Further clinical records are not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Stimulation Page(s): 121.

Decision rationale: An OrthoStim 4 unit is a multimodal stimulator device that uses both pulse current stimulation and neuromuscular electrical stimulation. Neuromuscular electrical

stimulation devices are not recommended by California MTUS Chronic Pain Medical Treatment Guidelines, as they are primarily used as part of a rehabilitation program following a stroke; there is no evidence to indicate their use in the chronic pain setting. This claimant's clinical picture of chronic pain would clearly not support the use of this combination therapy device, so the specific request is not indicated as necessary

Fexmid 7.5mg twice a day, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: Fexmid (aka Cyclobenzaprine) is a muscle relaxant that is not indicated for chronic use based on guideline criteria. Cyclobenzaprine is only indicated for short term treatment of acute exacerbations of muscular flare due to its potential to be highly addictive, and high possibility of adverse effects. Also, guidelines indicate that Cyclobenzaprine is no more effective than a placebo in the management of low back complaints. Its continued role in this course of care would not be indicated.

Dendracin topical lotion applied twice a day, 120ml: Upheld

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

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

Decision rationale: Dendracin is a compounded topical agent containing the active ingredients methyl salicylate, Capsaicin (0.0375), and menthol. Guidelines would only indicate the role of Capsaicin as a second line agent for recalcitrant care, or if the patient is unable to tolerate more first line treatments in the chronic tissue pain setting. Guidelines would also only recommend the role of Capsaicin in a dosage of 0.0250 or less. As the requested Dendracin lotion contains 0.0375% of Capsaicin, that would exceed guidelines. Also, its use would not be supported due to lack of documentiona of failed first line agents. Since guideline criteria clearly indicate that if any one agent in a topical compound is not supported, the compound as a whole is not supported, the request for this topical compound is not supported.