MAXIMUS Federal Services

Case Number:	CM13-0010607		
Date Assigned:	03/10/2014	Date of Injury:	11/28/2011
Decision Date:	06/30/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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/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 57 year old with an injury date on 11/28/11. Based on the 6/13/13 progress report provided by [redacted] the diagnoses are: 1. Cervical thoracic strain. 2. Lumbosacral strain. 3. Right shoulder strain. 4. Bilateral knee strain. 5. Nasal Contusion. 6. Post-traumatic headaches by history. No physical examination was found in provided reports but on 6/13/13 treating physician describes "demonstrable weakness in the left toes extensor and LS nerve distribution, this ls grade 4/5." [redacted] is requesting physical therapy 2 x a week for 6 weeks lumbar spine, Robaxin 750mg (methocarbamol) #60, and Bio-therm (capsaicin 0.002%) 4 oz. The utilization review determination being challenged is dated 7/3/13 and denies Robaxin request due to lack of evidence first-line meds (i.e NSAIDs) have failed, and lack of support for long term use of muscle relaxants. [redacted] is the requesting provider, and he provided treatment reports from 6/13/13 to 2/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: This patient presents with L-spine pain and left lower extremity pain. The treating physician has asked physical therapy 2 x a week for 6 weeks, lumbar spine on 6/13/13. Patient had re-exacerbation of lumbar spine pain on 6/13/13, but left lower extremity radicular pain is improving. Review of reports do not show patient has had recent physical therapy. MTUS guidelines state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treating physician has asked for 12 sessions of physical therapy for the L-spine which exceeds MTUS guidelines for patient's condition. The request is not medically necessary and appropriate.

ROBAXIN 750MG (METHOCARBAMOL), #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: This patient presents with L-spine pain and left lower extremity pain. The treating physician has asked Robaxin 750mg (methocarbamol) #60 on 6/13/13. Patient had re-exacerbation of lumbar spine pain on 6/13/13, but left lower extremity radicular pain is improving. Patient is taking Robaxin as of 6/13/13. On 7/11/13, treating physician states the need to continue taking Robaxin for muscle spasms and to help reduce pain to return to modified work duty. Patient is not taking any other medications besides Robaxin and Biotherm cream. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The treating physician has asked for Robaxin 750mg (methocarbamol) #60 to treat patient's chronic back condition. Given the lack of support for long-term use for more than 2-3 weeks the request is not medically necessary and appropriate.

BIO-THERM (CAPSAICIN 0.002%), 4OZ.: Upheld

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

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

Decision rationale: This patient presents with L-spine pain and left lower extremity pain. The treating physician has asked Bio-therm (capsaicin 0.002%) 4 oz on 6/13/13. Patient had re-exacerbation of lumbar spine pain on 6/13/13, but left lower extremity radicular pain is improving. Previous records do not include this medication or any failed trials of any medications for neuropathic pain. The reports do not indicate what "Bio Therm" is or what it

contains. Search of the web shows that this is a skin lotion product containing vitamins and Capsaicin. It appears to be a proprietory skin product and its full list of ingredients are not disclosed. MTUS guidelines do not recommend a compounded topical product if one of the component is not recommended. In this case, requested Bio-therm vitamin cream has no support for its efficacy in treating patient's pain condition. Bio-therm cream has not been studied and is not mentioned in any of the guidelines. The request is not medically necessary and appropriate.