MAXIMUS Federal Services

Case Number:	CM13-0024229		
Date Assigned:	11/20/2013	Date of Injury:	04/04/2008
Decision Date:	01/08/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/13/2013

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 patient is a 39-year-old female who sustained a work related injury on 04/04/2008. The patient's diagnoses include right knee pain following arthroscopy, multilevel disc desiccation and bulging, right ulnar neuritis, and depression/anxiety. The patient has been evaluated for back, knee, and leg pain that she has rated 8/10 previously. The most recent progress report dated 05/07/2013 documented subjective findings of increased right knee and back pain as well as right wrist symptomatology. Objective findings included tenderness of the right upper extremity about the Guyon's canal and decreased sensation at the ulnar nerve distribution. The patient was able to dorsiflex and volar flex to 70 degrees. Lumbar paraspinal muscle tenderness, spasm, and guarding were noted as well as limited range of motion. Examination of the right knee revealed well healed arthroscopic portals, mild pain with grind maneuver, and tenderness about the pes anserinus bursa as well as the medial condyle. The treatment plan consisted of wrist bracing, short courses of physical therapy for exacerbations of pain, recommendation of a short course of chiropractic treatment as well as acupuncture, and a prescription for Xoten-C lotion 0.002%/10%/20% utilized as a topical agent to decrease pain, naproxen 550 mg, tizanidine 4 mg, hydrocodone/APAP 10/325 mg, tramadol ER 150 mg, and omeprazole 20 mg. The patient had Agreed Medical Examination on 09/17/2013 which indicated that the patient had probably reached the point of maximum medical improvement and permanent disability/impairment would be addressed after review of medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: CA MTUS Guidelines recommend 1 to 2 visits every 4 to 6 months for recurrences and flare ups, and that elective/maintenance care is not medically necessary. The clinical information submitted for review indicates that the patient has undergone prior chiropractic treatment, but there is no evidence submitted for review to support functional improvement in the form of increased activities of daily living and/or decreased work restrictions. As such, the medical necessity of 10 chiropractic sessions has not been established.

Prescription for Xoten-C lotion 0.002/10/20 120ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS Guidelines state that topical ointments are largely experimental and have not been shown in properly randomized control clinical trials to be effective. Additionally, capsaicin is only recommended as an option in patients who have not responded to or are intolerant of other treatments. Xoten-C contains methyl salicylate, menthol, and capsaicin. The clinical information submitted for review lacks documentation of the patient's failure or intolerance to other treatments. There is no current indication that an addition of 0.025% capsaicin formulation would provide any further efficacy. Furthermore, CA MTUS Guidelines also state that if one of the medications in the compound is not recommended, that the topical compound as a whole cannot be recommended. The clinical information submitted for review lacks evidence to support the efficacy of the requested medication. As such, the medical necessity for Xoten-C lotion 0.002/10/20 (120 mL) has not been established.

Prescription Hydrocodone/APA 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: CA MTUS Guidelines require certain criteria for ongoing monitoring of opioid use. The criteria includes documentation of the 4A's (adverse effects, activities of daily living, aberrant behaviors, and analgesic efficacy), which is lacking in the clinical information

submitted for review. Additionally, the clinical information submitted for review does not provide evidence to indicate functional improvement with the use of the requested medication. As such, continued use of the requested medication is not supported.

Tizanidine 4mg #120: Upheld

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

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

Decision rationale: CA MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases, muscle relaxants show no benefits beyond NSAIDS in pain and overall improvement nor is there additional benefit shown in combination with NSAIDS. As such, treatment should be brief and addition of other agents is not recommended. The clinical information submitted for review lacks current documentation of physical examination findings, length of use of the requested medication, and efficacy of the requested medication to support continued use. As such, the medical necessity for tizanidine 4 mg #120 is not established.