

Case Number:	CM13-0024867		
Date Assigned:	11/20/2013	Date of Injury:	04/04/1986
Decision Date:	01/16/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/15/2013

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 Pain Medicine and is licensed to practice in Ohio and Texas. 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 64 year old female who reported an injury on 04/04/1986. The mechanism of injury was not provided. There is no evidence of initial or sustained conservative care or procedures performed in the medical records submitted. There is mention of physical therapy with clinical trial of a TENS unit as well as an MRI of the lumbar spine, but no objective documentation of results. There is a current diagnosis of intervertebral lumbar disorder with myelopathy and chronic low back pain with acute exacerbations.

IMR ISSUES, DECISIONS AND RATIONALES

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

retro request for Cyclocream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition, (web) 2011

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

Decision rationale: The California MTUS Guidelines recommend topical analgesics primarily for neuropathic pain. There is no objective documentation suggesting that the patient suffers

from neuropathy, nor is there documentation to support a failed course of first line treatments. Therefore, the request for Cyclocream is non-certified.

retro request for Indocream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition, (web) 2011

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

Decision rationale: The California MTUS Guidelines recommend topical analgesics as an option primarily for neuropathic pain. Evidence based trials revealed that topical NSAIDs decrease in efficacy after the first two weeks of use and are therefore recommended for short term use of 4-12 weeks. Guidelines also state that there is no evidence to recommend the use of topical NSAIDs in treating the spine. The only topical NSAIDs currently approved for use by the FDA are Voltaren gel to the joints. There is no specification in the request as to the strength and frequency of the medication or to the duration of therapy, previous or intended. Therefore, the request is non-certified.

retro request for Medrox: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition, (web) 2011

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 112-113.

Decision rationale: The California MTUS Guidelines recommend the use of topical capsaicin only after a failed response to other treatment. Guidelines also state that capsaicin in excess of 0.025%. There is no objective evidence documenting a failed course of other treatments, to include therapy, chiropractic, or oral NSAIDs. Medrox ointment contains a 0.0375% formulation of capsaicin, which is not recommended. Therefore, the request for Medrox ointment is non-certified.

retro request for Ketoprofen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition, (web) 2011

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 112.

Decision rationale: The California MTUS Guidelines do not recommend the non-FDA approved Ketoprofen for topical use. Therefore, the request is non-certified.

H-wave unit for 30 day trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition, (web) 2011

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Stimulation Section Page(s): 117.

Decision rationale: The California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention, and must be implemented after a failed trial of conservative care, including physical therapy and a 30-day home trial of a TENS unit. In the records provided for review, there was no evidence of a 30 day in home trial of a TENS unit or documentation providing objective physical findings of a failed response to physical therapy. There was also no proposed adjunctive program of evidenced based functional restoration to accompany the H-wave stimulator trial. As such, the request for an H-wave unit for a 30 day trial is non-certified.