

<b>Case Number:</b>	CM13-0025479		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	11/03/1997
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 54 year old male with date of injury on 11/03/1997. Patient has been treated for ongoing low back and right leg complaints. Patient has the diagnoses of bilateral neural foraminal narrowing, status post lumbar fusion, and chronic low back pain. Subjective complaints include low back pain with right leg pain, numbness, and weakness. Physical exam shows decreased lumbar spine range of motion, 4/5 strength over tibialis anterior, and decreased sensation over L5-S1 dermatomes. Treatments have included physical therapy, TENS unit, acupuncture, and medications. Medications include tramadol and Medrox patches. Both of which are used on an as needed basis, with documentation showing benefit in pain relief and functional improvement with the medications. Patient had back surgery in 1998 and completed a year of physical therapy, with sporadic physical therapy "here and there" since then. There is no submitted documentation that details the prior physical therapy or resultant functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Physical Therapy sessions:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back, Physical Medicine.

**Decision rationale:** The ACOEM guidelines suggest the importance of a time-limited treatment plan with clearly defined functional goals, and frequent assessment and modification. The ODG indicates that patients may be assessed with a six visit trial to determine efficacy before further physical therapy is continued. The ODG also recommends up to 12 visits for physical therapy for the lower back. This employee has already been documented as going through multiple courses of physical therapy without evidence of resultant pain relief or functional improvement. Therefore, the requested 12 visits of physical therapy are not medically necessary.

**Medrox Patches:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical, Topical Analgesics.

**Decision rationale:** Medrox patches are a compounded medication that includes, methyl salicylate, menthol, and capsaicin. The Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Capsaicin has shown some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain. Topical Salicylates have been demonstrated as superior to placebo for chronic pain. The employee has been noted to have pain relief and functional improvement with the ongoing use of the Medrox patch, and the medication is supported by guidelines for use in chronic pain and non-specific back pain. Therefore, the request for Medrox patches is medically necessary