MAXIMUS Federal Services

Case Number:	CM13-0036812		
Date Assigned:	06/09/2014	Date of Injury:	04/28/2006
Decision Date:	08/01/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine, 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:

This is a 60 year old female injured worker with date of injury 4/28/08 with related bilateral knee pain. Per the progress report dated 10/16/13, the injured worker reported pain rated 8-9/10 in intensity, left worse than right. She also reported low back pain and spasms in the low back which occurred often. She had numbness in the left hand and all toes of the left foot. She also had left shoulder pain. An MRI (date not specified) revealed disc disease at L4-L5 and L5-S1, EMG was unremarkable. It is not stated in the documentation whether physical therapy was utilized. She has been treated with injections and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (GI) Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk

for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs. There is no documentation of peptic ulcer, GI bleeding or perforation, or cardiovascular disease in the records available for my review, the injured worker's risk for gastrointestinal events is low, as such, Prilosec 20 mg #60 is not medically necessary.

Terocin Patches #30 qty: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 60, 105, and 111-113.

Decision rationale: Terocin is capsaicin, lidocaine, menthol, methyl salicylate, and boswellia serrata. Capsaicin may have an indication for chronic lower back pain in this context. The California MTUS, the ODG, the National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to not recommend. Since menthol is not medically indicated, then the overall product is not indicated per the MTUS as outlined below. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, the MTUS states that only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. Therefore, it would be optimal to trial each medication individually. Such as, Terocin Patches #30m are not medically necessary.

Pool program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: Per the MTUS Chronic Pain, Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Review of the submitted records reveals no documentation of an inability to perform

land-based physical therapy or exercise, or an indication that reduced weight bearing is necessary. Since a clear indication for aquatic therapy is not present, by extension, there would be no need for a pool membership. As such, a pool program is not medically necessary.