MAXIMUS Federal Services

Case Number:	CM13-0037891		
Date Assigned:	12/18/2013	Date of Injury:	07/27/2010
Decision Date:	03/27/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/24/2013

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 Pain Management and is licensed to practice in Florida. 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 40-year-old female who reported an injury on 07/27/2010. The mechanism of injury was noted to be the patient was standing on a 3-step ladder retrieving a file when the ladder shifted causing the patient to twist her right ankle and fall back landing flat on her back as well as striking her shoulder on her desk chair. Previous treatments were noted to include physical therapy and there had been a request for aquatic therapy on 09/06/2012. The patient's diagnoses were noted to include cervical sprain/strain rule out cervical disc herniation, and lumbar sprain/strain rule out lumbar herniation, status post arthroscopic surgery of the right ankle, rule out tarsal tunnel syndrome, sleep disorder, and gastrointestinal complaints. The request was made for Cartivisc, a retrospective urinalysis, Exoten-C lotion, aquatic therapy, and acupuncture for the right ankle. The physical examination revealed the patient had tenderness to palpation over the paraspinal musculature and spinous processes and mild guarding of the gluteal musculature. Examination of the right ankle revealed there was tenderness to palpation over the medial and lateral malleolus along with audible crepitation of both plantar flexion and dorsiflexion of the right ankle and some tenderness at the insertion of the Achilles tendon. Per the physician, the patient's condition established a need for compounded topical medications and for a urine specimen to monitor medication use. The patient was noted to have a history of GI medication problems that were brought on secondary to anti-inflammatory medications and they were noted to be resolved after the discontinuation of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 Visits for Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints,Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Aquatic Therapy, Topical Analgesics and Guidelines regarding Gluc.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines indicate that acupuncture is an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation. The time to produce functional improvement is 3 to 6 treatments. The clinical documentation submitted for review failed to indicate a necessity for 8 visits. Additionally, there was a lack of documentation indicating the patient would be utilizing therapy as an adjunct therapy. The request was concurrently submitted for aquatic therapy as well. The aquatic therapy is not medically necessary and as such, additionally the acupuncture is not medically necessary. Given the above, the request for ACUPUNCTURE 8 VISITS FOR RIGHT ANKLE is not medically necessary.

Exoten - C Lotion 0.002/10/20% # 113.4 ML: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints,Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Aquatic Therapy, Topical Analgesics and Guidelines regarding Gluc.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesics, , Topical Capsaicin Page(s): 105, 111-113, 90-91.

Decision rationale: The Claims Administrator based its decision on California MTUS 9792.23.7 Ankle and Foot Complaints Chapter 14, California MTUS 9792.24.1 Acupuncunture Medical Treatment Guidelines, California MTUS Chronic Pain Medical Treatment Guidelines Page 22 Aquatic Therapy, and Chronic Pain Medical Treatment Guidelines pg 98 - 99 Physical Medicine, California MTUS Chronic Pain Medical Treatment Guidelines Pages 111 - 113 Topical Analgesics and Guidelines regarding Glucosamine (and Chondroltin Sulfate, page 50, and page 90 - 91 Opioids, Steps to avoid Misuse/Addiction The Physician Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines Topical Salicylates, page 105, Topical Analgesics, page 111, Topical Capsaicin, page 28 and Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/otc/109253/xoten-c.html The Physician Reviewer's decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety ... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed ... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." California MTUS guidelines recommend treatment with topical salicylates. Drugs.com indicates Exoten C is a topical analgesic containing Methyl salicylate, Menthol and 0.02% capsaicin. The clinical documentation submitted for review failed to indicate the patient had neuropathic pain and had trialed and failed antidepressants and anticonvulsants. Additionally, there was a lack of documentation indicating the patient had not

responded or was intolerant to other treatments. Given the above, the request for EXOTEN-C LOTION 0.002/10/20% #113.4ML is not medically necessary.

Cartivisc 500/200/150 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints,Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines aquatic therapy, Physical Medicine, Topical Analgesics, Glucosami.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: California MTUS Guidelines indicate that glucosamine and chondroitin sulfate is recommended as an option in patients with moderate arthritis pain, especially knee osteoarthritis. The clinical documentation submitted for review failed to provide the patient had documented osteoarthritis. Given the above, the request for CARTIVISC 500/200/150MG #90 is not medically necessary.

Urinalysis (Retrospective): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints,Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine, Topical Analgesics, Glucosami.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 78.

Decision rationale: California MTUS indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide a necessity for the requested urinalysis. There was a lack of documentation indicating the patient was taking medications that would necessitate a drug urinalysis. Additionally, there was a lack of documentation of issues of abuse, addiction, or poor pain control. Given the above, the request for URINALYSIS (RETROSPECTIVE) is not medically necessary.

AquaticTherapy 2 Times a Week for 8 Weeks to Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints,Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine, Topical Analgesics, Glucosami.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is

desirable and the Guidelines indicate the treatment for neuralgia, neuritis, and radiculitis is 8 to 10 visits. The clinical documentation submitted for review indicated there was a prior request for aquatic therapy, however, there was a lack of documentation indicating if the patient participated in aquatic therapy to establish the efficacy of the request. The clinical documentation submitted for review failed to indicate the necessity for aquatic therapy. There was a lack of documentation indicating the patient had a necessity for reduced weight bearing. Given the above, the request for Aquatic Therapy 2 times a week for 8 weeks To Low Back Is Not Medically Necessary.