MAXIMUS Federal Services

Case Number:	CM13-0041064		
Date Assigned:	12/20/2013	Date of Injury:	10/28/1952
Decision Date:	02/26/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/10/2013

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 Practice and is licensed to practice in 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 61-year-old male who reported a work-related injury on 10/28/2002, as a result of a motor vehicle accident. The patient presents for treatment of the following diagnoses, cervical spine sprain/strain and low back pain with radicular symptoms to the left lower extremity. The clinical note dated 10/21/2013 reports the patient was seen under the care of [redacted]. The provider documents the patient reports 60% pain relief to the low back status post an epidural steroid injection. The patient reports he still has pain that interferes with his daily activities of living and sleep; however, not as intense as prior to injection therapy. The provider documents the patient has discontinued his pain medications as the patient reported labs had revealed kidney dysfunction. The provider documents upon physical exam of the patient's lumbar spine, 45 degrees of flexion and 15 degrees of extension were noted. The provider documented a positive straight leg raise to the left lower extremity. The provider rendered a request for a second epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therma-cool hot and cold contrast therapy with compression, rental day(s): 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter

Decision rationale: The current request is not supported. The clinical notes fail to evidence the specific rationale for the requested durable medical equipment at this point in the patient's treatment. Official Disability Guidelines indicate the requested intervention is not supported for nonsurgical treatment. There is a lack of rationale for the requested durable medical equipment. Given all of the above, the request for Therma-cool hot and cold contrast therapy with compression, rental day(s) is neither medically necessary nor appropriate.

Fluriflex topical compound: 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 Page(s): 111.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's duration of use of the requested topical analgesic. In addition, the clinical notes failed to document the patient's reports of efficacy with this treatment, to include an increase in objective functionality upon physical exam of the patient and a decrease in rate of pain on a VAS. California MTUS indicates, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. California MTUS indicates muscle relaxants topically applied are not supported. Given all of the above, the request for Fluriflex topical compound is neither medically necessary nor appropriate

TG Hot topical compound: 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 Page(s): 111.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's duration of use of the requested topical analgesic. In addition, the clinical notes failed to document the patient's reports of efficacy with this treatment, to include an increase in objective functionality upon physical exam of the patient and a decrease in rate of pain on a VAS. California MTUS indicates, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, any compounded product that contains at least 1 drug or drug class that is not recommended is not

recommended. Given all of the above, the request for TG Hot topical compound is neither medically necessary nor appropriate.