

<b>Case Number:</b>	CM13-0045300		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/27/2010
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine & Rehabilitation 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:

The injured worker is a 41-year-old female who reported an injury on 02/23/2012 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included intramuscular pain injections, multiple medications, aquatic therapy, and surgical intervention to the right ankle. A Letter of Appeal dated 10/03/2013 documented that the injured worker required non-weight-bearing environment to participate in active therapy due to significant low back complaints that contribute to a weight-bearing intolerance. Regarding the Exoten-C, it was documented that, although the injured worker was not diagnosed with osteoarthritis, the injured worker had chronic ongoing pain complaints from a sprain/strain. It was documented that the injured worker's injury would also benefit from Cartivisc. The most recent evaluation submitted for review was dated 08/26/2013. It was documented that the injured worker had lumbosacral spine pain with tenderness to palpation over the paraspinal and spinous process with mild guarding of the gluteal musculature. Physical findings of the right ankle documented tenderness to palpation over the medial and lateral malleolus with audible crepitus on both plantar flexion and dorsiflexion, and tenderness to palpation at the Achilles insertion site. The injured worker's diagnoses included cervical sprain/strain, lumbar sprain/strain, status post arthroscopic surgery of the right ankle, sleep disorder, and gastrointestinal complaints. Treatment recommendations included continuation of aquatic therapy, acupuncture, continued use of Cartivisc and Exoten-C lotion, and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUATIC THERAPY FOR THE LOW BACK - 2 TIMES PER WEEK FOR 8 WEEKS:**  
Upheld

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: The requested Aquatic therapy for the low back - 2 times per week for 8 weeks is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends aquatic therapy for patients who require non-weight-bearing environments to participate in active therapy. The clinical documentation submitted for review does indicate that the injured worker previously participated in aquatic therapy. However, the efficacy of that therapy was not determined. Additionally, California Medical Treatment Utilization Schedule recommends up to 8 visits to 10 visits of physical medicine in the treatment of low back pain, radiculopathy, and neuritis. The requested 16 sessions exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested Aquatic therapy for the low back - 2 times per week for 8 weeks is not medically necessary or appropriate.

**EXOTEN-C LOTION 0.002/10/20% #113.4ML TO BE APPLIED TO AFFECTED AREA 2-3 TIMES A DAY:** Upheld

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

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

**Decision rationale:** The requested Exoten-C lotion 0.002/10/20% #113.4ml to be applied to affected area 2-3 times a day is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does support the use of menthol and methyl salicylate in the management of osteoarthritic related pain. The clinical documentation does indicate that this medication is being used in the management of a chronic muscular sprain/strain. However, California Medical Treatment Utilization Schedule does not recommend the use of capsaicin unless all first line treatments have been exhausted. The clinical documentation fails to provide any evidence that first line medications such as anticonvulsants and antidepressants have failed to provide relief for this injured worker. Therefore, the use of capsaicin would not be supported at this time. California Medical Treatment Utilization Schedule recommends that any medication that contains at least 1 drug class or drug that is not recommended is not supported by guideline recommendations. As such, the requested Exoten-C lotion 0.002/10/20% #113.4ml to be applied to affected area 2-3 times a day is not medically necessary or appropriate.

