

Case Number:	CM14-0001401		
Date Assigned:	01/22/2014	Date of Injury:	01/04/2000
Decision Date:	07/31/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/03/2014

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 Family 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:

The injured worker is a 72 year old female who sustained a cumulative work injury in 2010 involving the back, hips, knees, shoulders and ankle. She has a diagnosis of discogenic lumbar condition, left rotator cuff tear, internal derangement of the of both knees. A progress note on 12/10/13 indicated she had 6/10 knee pain, there was also pain in the back and shoulders. It was reported that Norco had helped to reduce the pain. Exam findings did not indicate any abnormalities, except tenderness to palpation of the low back. The treating physician requested aqua therapy visits for exercise, hot and cold modalities for pain, Norco for pain along with topical Terocin cream as well as Lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT AND COLD WRAPS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337.

Decision rationale: According to the ACOEM Guidelines on knee complaints, hot or cold packs maybe used before or after exercise and are as effective as those performed by a therapist. The request above is therefore medically necessary.

LIDOPRO CREAM 4 OUNCES FOR TOPICAL USE FOR PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and pg 111-112 Page(s): 111-112.

Decision rationale: Lidopro cream contains topical Lidocaine. According to the MTUS Guidelines, topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. In this case, the injured worker does not have peripheral neuropathy. In addition, topical analgesics have limited evidence to support their use. The length of treatment or location of application with Lidopro is not specified. Lidopro is therefore not medically necessary.

TEROCIN PATCHES #30 FOR TOPICAL USE FOR PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and pg 111-112 Page(s): 111-112.

Decision rationale: Terocin patch contains .025% Capsacin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS Guidelines any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Therefore, the request is not medically necessary.

AQUA THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy and pg 22 Page(s): 22.

Decision rationale: According to the MTUS Guidelines, aqua 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. In this case, the number of treatments of aqua therapy is not outlined. The number of

visits is defined by the physical medicine guidelines. As such, the request is not medically necessary.