MAXIMUS Federal Services

Case Number:	CM14-0105262		
Date Assigned:	09/24/2014	Date of Injury:	02/01/2012
Decision Date:	10/24/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/08/2014

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 Occupational 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 41 year old female with a 2/1/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/12/14 noted subjective complaints of neck pain, shoulder, elbow, wrist, and knee pain. Objective findings included cervical spine tenderness, bilateral lumbar paraspinal muscle guarding.Diagnostic Impression: cervical pain, bilateral shoulder impingement syndrome, lumbar radiculopathyTreatment to Date: physical therapy, acupuncture, medication managementA UR decision dated 6/26/14 denied the request for physical therapy QTY: 18. There is insufficient documentation of symptomatic or functional improvement from previous therapy sessions. It also denied acupuncture QTY: 18. There is insufficient documentation of objective evidence of functional improvement from completed sessions. It also denied terocin patches. Guidelines do not recommend topical analgesic creams or patches. It also denied localized intense neurostimulation therapy (LINT) for cervical and lumbar spine QTY: 6. There is insufficient documentation to warrant authorization. It also denied ketoprofen 20% cream, 165 g QTY: 1. Guidelines do not recommend this topical anti-inflammatory cream. It also denied cyclobenzaprine 5% cream 100 g QTY: 1. There is no evidence for use of any muscle relaxant as a topical product.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy QTY:18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 page 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, with a 2012 original date of injury, it is unclear how many physical therapy sessions the patient has completed. There is no documentation of specific objective benefit derived from prior physical therapy sessions. It is unclear how additional sessions will be of benefit. Therefore, the request for physical therapy QTY: 18 was not medically necessary.

Acupuncture treatment QTY:18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints,Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 114

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. However, with a 2012 original date of injury, it is unclear how many acupuncture sessions the patient has completed. There is no documentation of specific objective or functional benefit derived from prior sessions. It is unclear how additional sessions will be of benefit. Therefore, the request for Acupuncture treatment QTY: 18 was not medically necessary.

Terocin patches QTY: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Compensation, 2012 on the web (www.odgtreatment.com). Work Loss Data Institute, (www.worklossdata.com). (updated 02/14/2012): topical analgesics, compounded

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb

Decision rationale: MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). However, there is no documentation of a failure of trial of antidepressants or antiepileptics. Therefore, the request for terocin patches QTY: 10 was not medically necessary.

Localized intense neurostimulation therapy (LINT) for cervical and lumbar spine QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter

Decision rationale: CA MTUS does not address this issue. ODG states that LINT is not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer. The requesting provider does not establish circumstances that would warrant LINT therapy despite lack of positive evidence. Therefore, the request for localized intense neurostimulation therapy (LINT) for cervical and lumbar spine QTY: 6 was not medically necessary.

Ketoprofen 20% cream, 165g QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Compensation, 2012 on the web (www.odgtreatment.com). Work Loss Data Institute, (www.worklossdata.com). (updated 02/14/2012): topical analgesics, compounded

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. The California MTUS guidelines do not recommend the use of ketoprofen for topical application because it has not

been approved by the FDA. Therefore, the request for ketoprofen 20% cream, 165 g QTY: 1 was not medically necessary.

Cyclobenzaprine 5% cream 100g QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Compensation, 2012 on the web (www.odgtreatment.com). Work Loss Data Institute, (www.worklossdata.com). (updated 02/14/2012): topical analgesics, compounded

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28 111-113.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Guidelines do not recommend muscle relaxants in topical formulation. Therefore, the request for cyclobenzaprine 5% cream 100 g QTY: 1 was not medically necessary.