MAXIMUS Federal Services

Case Number:	CM14-0109692		
Date Assigned:	08/01/2014	Date of Injury:	01/14/2011
Decision Date:	09/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 50 year-old female with a 1/14/2011 date of injury. According to the 6/17/14 chiropractic report from Dr [redacted], the patient remains the same as last exam. However, there are no prior exams provided for this IMR. The diagnoses is bilateral shoulder tendonitis/impingement; left hip trochanteric bursitis; with history of DVT (deep vein thrombosis). On 6/19/14, the UR recommended denial for a request for PT (physical therapy) 12-18 visits; Ultracin topical lotion; and continuance of Norco 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12-18 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-9 of 127.

Decision rationale: The IMR request is for PT 12-18 sessions. The patient is a 50 year-old female with a 1/14/2011 date of injury. According to the 6/17/14 chiropractic report from Dr [redacted], the patient remains the same as last exam. However, there are no prior exams provided for

this IMR. The diagnoses is bilateral shoulder tendonitis/impingement; left hip trochanteric bursitis; with history of DVT. MTUS guidelines for PT states that 8-10 sessions of PT are appropriate for various myalgias and neuralagias. The request for 12-18 sessions of PT will exceed the MTUS recommendations. Therefore, the request is not medically necessary.

Ultracin topical lotion 20/10/0.025 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation http://dailymed.nlm.nih.gov/dailymed/druginfo.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The IMR request is for Ultracin topical lotion. Ultracin topical lotion is a compounded topical containing Methyl salicylate 28%; menthol 10%; and capsaicin 0.025%. MTUS guidelines for topical analgesics states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." And "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." There is no discussion of failure of antidepressants or anticonvulsants and the patient is not reported to have neuropathic pain. The use of topical analgesics for non-neuropathic pain is not in accordance with MTUS guidelines. Therefore, the request is not medically necessary.

Continuance of Norco 7.5mg 1 by mouth every 12 hours as needed for pain #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9 of 127.

Decision rationale: The IMR request is for continued use of Norco 7.5mg every 12 hr., for pain, #60. The patient is a 50 year-old female with a 1/14/2011 date of injury. According to the 6/17/14 chiropractic report from Dr [redacted], the patient remains the same as last exam. However, there are no prior exams provided for this IMR. The diagnoses is bilateral shoulder tendonitis/impingement; left hip trochanteric bursitis; with history of DVT. There is no discussion of efficacy of the medication and no mention of decrease in pain, improvement of function or benefit with quality of life. MTUS on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" MTUS page 8 states: When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco MTUS does not recommend continuing treatment if there is not a satisfactory response. Therefore, the request is not medically necessary.