

<b>Case Number:</b>	CM14-0011440		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	01/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Anesthesiology 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 47 year old female who has filed a claim for cervical, thoracic, and lumbar sprain associated with an industrial injury date of March 02, 2012. Progress notes report pain in the neck, shoulders, arms, hands, wrists, upper back, low back, legs, and knees. The patient's neck pain radiates to the shoulders, and the low back pain radiates to the legs with associated weakness. Findings include tenderness over the left shoulder and right knee, and full active range of motion of the right knee. The patient also experiences headaches, sleep problems, anxiety, and symptoms of depression. Treatment to date has included NSAIDs, omeprazole, Dendracin lotion, Medrox lotion, anti-depressants, opioids, 24 sessions of physical therapy, 14 sessions of chiropractic treatment, 12 acupuncture sessions, psychological treatment, use of IF unit, TENS, transcranial magnetic stimulation, surgery to right knee in January 2013, and surgery to the left shoulder in July 2013. Utilization review from January 18, 2014 denied the request for Mobic 7.5mg #60 and Motrin 800mg #60 as patient did not experience significant relief with a trial of NSAIDs in the past; Capsaicin gel 0.025% 60g as there has not been a positive effect on the patient's condition with its use; 4 additional chiropractic visits as previous chiropractic sessions did not lead to significant functional improvement; home health care assessment as there is no indication that patient requires an adverse amount of effort leaving the home, and it is not reasonable to provide additional support that would lead to further activity reduction; and 8 physical therapy sessions for the neck, lower back, and left shoulder as previous physical therapy sessions did not significantly impact the patient's condition. There is modified certification for 6 aquatic therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MOBIC 7.5MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

**Decision rationale:** As stated on pages 67-69 of the MTUS Chronic Pain Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. The patient has been on this medication since November 2013. There is no documentation regarding symptomatic improvement or functional benefits derived from use of this medication. The latest progress note does not document use of this medication. There is also no clear rationale as to why two different NSAIDs are necessary in this patient. As such, the request is not medically necessary and appropriate.

**MOTRIN 800MG #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

**Decision rationale:** As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since at least September 2013, but it is unclear whether the patient was on this medication on a continuous basis, as progress notes do not consistently document use of this medication. This medication is a reasonable option to manage this patient's pain symptoms, especially with worsening of symptoms of the left knee. Therefore, the request for Motrin 800mg #60 is medically necessary at this time.

**CAPSAICIN GEL 0.025% 60G:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Capsaicin, topical Page(s): 28.

**Decision rationale:** The MTUS Chronic Pain Guidelines on page 28 states that topical capsaicin is only recommended as an option when there is failure to respond or intolerance to other

treatments; with the 0.025% formulation indicated for osteoarthritis. The patient has been on this medication since November 2013. There is no documentation regarding failure of or intolerance to first-line pain medications, as the patient is currently on NSAIDs and opioids. Therefore, the request for capsaicin gel 0.025% 60g is not medically necessary.

#### **8 SESSIONS OF AQUATIC THERAPY: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** According to page 22 of the MTUS Chronic Pain Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. Utilization review from January 18, 2014 certified 6 initial visits. There is no documentation describing these initial visits to support additional sessions of aquatic therapy. As such, the request is not medically necessary and appropriate.

#### **4 CHIROPRACTIC VISITS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines page 58 states that the goal of manual therapy is to achieve positive symptomatic or objective measurable functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the low back, trial of 6 visits is recommended, and with evidence of objective functional improvement, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. In this case, patient has had at least 14 sessions of chiropractic therapy sessions. There is note that patient experiences relief of symptoms with chiropractic therapy. However, there is no documentation of measurable functional improvement. Also, the body part to be treated is not specified. Therefore, the request for 4 chiropractic visits was not medically necessary per the guideline recommendations of CA MTUS.

#### **1 HOME HEALTH CARE HOME ASSESSMENT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7- Home Health Services; section 50.2 (Home Health Aide Services).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** As noted on page 51 of the MTUS Chronic Pain Guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week, which does not include homemaker services. In this case, there is no documentation that the patient is homebound. There is no indication that the patient requires professional nursing services in the form of home health assistance. As such, the request is not medically necessary and appropriate.

**8 SESSIONS OF PHYSICAL THERAPY FOR THE NECK, LOWER BACK AND LEFT SHOULDER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Pages 98-99 of the MTUS Chronic Pain Guidelines stress 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. The ODG recommends 24 visits for post-rotator cuff arthroscopic surgery patients, and 10 visits for neck sprain patients. In this case, the patient has had 24 physical therapy sessions. Progress notes indicate that the patient is getting benefit from the physical therapy sessions. There is no documentation regarding objective functional benefits derived from these sessions. There is also no documentation regarding expected goals to be achieved from additional sessions. Additional physical therapy sessions will also exceed the MTUS Chronic Pain Guidelines' recommendations. As such, the request is not medically necessary and appropriate.