

Case Number:	CM14-0015274		
Date Assigned:	02/28/2014	Date of Injury:	12/19/2010
Decision Date:	07/22/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 53-year-old male who has filed a claim for lumbar spine herniated nucleus pulposus with radiculopathy associated with an industrial injury date of December 19, 2010. Review of progress notes indicates pain in the mid back, bilateral shoulders, and left knee. Patient reports exacerbation of the low back pain with radiation down the left leg. Findings of the bilateral shoulders include decreased range of motion with positive Neer's test. Findings of the thoracic and lumbar spine include tenderness over the paraspinals, decreased lumbar range of motion, and positive straight leg raise test. Findings of the left knee include tenderness and mild swelling. Trigger points impedance imaging performed in May 2013 showed ten clinically relevant trigger points identified and precisely located. Treatment to date has included NSAIDs, opioids, muscle relaxants, Fioricet, Cartivisc, gabapentin, and topical analgesics. Utilization review from January 23, 2014 denied the requests for Cartivisc 1 tab daily for left knee #90, gabapentin 800mg #60, Exoten-C pain relief gel 120ml, and physical therapy 2x6 weeks lumbar spine. The reasons for denial were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARTIVISC 1 TAB DAILY FOR LEFT KNEE #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: Cartivisc contains glucosamine sulfate/MSM/chondroitin sulfate. CA MTUS Chronic Pain Medical Treatment Guidelines states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the limited progress notes do not document when the patient started taking Cartivisc, or of the benefits derived from this supplement. The patient is also on NSAID and opioid therapy, and it is unclear as to what additional benefits can be derived from this supplement. Therefore, the request for Cartivisc 1 tab daily for left knee #90 was not medically necessary.

GABAPENTIN 800MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: As stated on pages 16-18 in the CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is useful for treating diabetic painful neuropathy and postherpetic neuralgia, and is considered first-line for neuropathic pain. In this case, there is no documentation regarding when the patient started using this medication. Also, the findings are not consistent with neuropathy. Therefore, the request for gabapentin 800mg #60 was not medically necessary.

EXOTEN-C PAIN RELIEF GEL 120ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical, Salicylate topicals Page(s): 28; 105.

Decision rationale: An online search indicates that Exoten-C lotion is composed of capsaicin 0.0002%, menthol 10%, and methyl salicylate 20%. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment 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. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, there is no documentation

regarding intolerance to or failure of conventional oral pain medications to support this request. Therefore, the request for Exoten-C pain relief gel 120ml was not medically necessary.

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Page 98-99 of the CA MTUS Chronic Pain Medical Treatment 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. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks is recommended. In this case, there is no documentation regarding the goals to be derived from physical therapy. Also, the requested number of sessions exceeds guideline recommendations. Therefore, the request for physical therapy 2x6 weeks lumbar spine was not medically necessary.