

Case Number:	CM14-0124469		
Date Assigned:	08/08/2014	Date of Injury:	10/27/2013
Decision Date:	09/17/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/06/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 male who reported an injury on 10/27/2013 due to an unspecified mechanism of injury. Information regarding subjective complaints, objective examination findings, diagnostics, surgical history, relevant diagnoses, medication, and past treatments were not provided for review. The treatment plan was for methyl salicylate 15% topical lotion #1 and physical therapy 2 times a week for 3 weeks for left foot contusion. The request for authorization form and rationale for treatment were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methyl Sslicylate 15% topical lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have

failed. There was a lack of documentation showing evidence to indicate the need for a topical lotion. There was no documentation that showed that the patient had neuropathic pain or that he had failed a trial of antidepressants and anticonvulsants. In the absence of this information, the request would not be supported by the evidence-based guidelines. Therefore, this request is not medically necessary.

Physical therapy two (2) times a week for three (3) weeks for left foot; 6 sessions: Upheld

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

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

Decision rationale: The MTUS guidelines state that physical medicine is recommended for myalgia and myositis unspecified for a total of 9 to 10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis unspecified a total of 8 to 10 visits over 4 weeks is recommended. Treatment frequency should be faded, plus an active, self-directed home physical medicine program should be implemented. There was no documentation submitted for review to determine if the injured worker had attended physical therapy previously to address his injury. In addition, there was no documentation regarding physical examination findings of decreased range of motion or strength or significant functional deficits that would indicate the need for physical therapy treatment. In the absence of this information, the request would not be supported by the evidence-based guidelines. Therefore, this request is not medically necessary.