

Case Number:	CM14-0157642		
Date Assigned:	09/30/2014	Date of Injury:	04/10/2014
Decision Date:	10/29/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/25/2014

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:

The patient is a 65 year-old female with date of injury 04/10/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/13/2014, lists subjective complaints as low back, right shoulder, and ankle pain. Objective findings: Right shoulder: tenderness over the rotator cuff area, positive impingement sign, and limited range of motion. 4/5 weakness in flexion abduction, and internal rotation. Sensory exam was normal. Lumbar spine: tenderness to palpation, muscle spasm and guarding in the paravertebral area, especially on range of motion. Straight leg raise was positive on the right side at 90 degrees. Left side was 75 degrees with pain in the lumbar area radiating down to the left buttocks. Left ankle: swelling and tenderness over the lateral malleolus on the anterior talofibular ligament and peroneal tenderness on the left side. Pain with range of motion in dorsiflexion and plantar flexion. Patient lacks at least 15 degrees of range of motion. Diagnosis: 1. Chronic lumbosacral ligamentous and muscular strain with possible discopathy 2. Chronic right hip strain 3. Chronic left foot ankle strain 4. Chronic left knee strain 5. Compensatory right shoulder strain 6. Sleep disorder 7. Stress, anxiety, depression. A 08/22/2014 peer review certified 6 session of physical therapy. The request for a TENS unit was modified to certify a one month home trial. The medical records supplied for review document that the patient was first prescribed the following medication on 08/13/2014. Medications: 1. Naprosyn Cream 15% SIG: BID. Capsaicin Cream 60gm SIG: BID

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder, left ankle, right hip, and lumbar spine, twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-60.

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of functional improvement from the previously authorized trial of 6 visits. Therefore, the request is not medically necessary.

Naprosyn cream 15%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. NSAIDs are sometimes indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow. If used, NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs should only be prescribed to patients with an intolerance to the oral formulation. There is no documentation that the patient is intolerant to oral NSAID's or that she suffers from osteoarthritis or tendinitis. Therefore, the request is not medically necessary.

Capsaicin Cream 60 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. Therefore, the request is not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed. Therefore, the request is not medically necessary.