

Case Number:	CM14-0022893		
Date Assigned:	06/11/2014	Date of Injury:	07/12/2013
Decision Date:	08/04/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 60 year-old with a date of injury of 7/12/13. A progress report associated with the request for services, dated 1/14/14, identified subjective complaints of low back pain. Objective findings included tenderness to palpation with decreased range-of-motion of the lumbar spine. Motor function was slightly diminished. Diagnoses included lumbosacral spondylosis and strain. Treatment has included 18 physical therapy sessions, which was the most helpful of her therapies. Specific functional improvement was not described. She has also had acupuncture and oral NSAIDs, which she could not tolerate.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 3: 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 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend physical therapy with fading of treatment frequency and the addition of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Specifically, for

myalgia and myositis, 9-10 visits over 8 weeks are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended. The Official Disability Guidelines (ODG) states that for lumbar sprains/strains and disc disease, 10 visits over 8 weeks is recommended. For lumbar radiculopathy, 10-12 visits over 8 weeks. The patient has received 18 previous physical therapy sessions. An additional 6 sessions are requested, which exceeds the recommendation of 10-12 visits. Functional improvement must be clearly defined for additional physical therapy. In this case, the record does not document previous functional improvement. As such, the request is not medically necessary.

TRPAMINE SALICYLATE CREAM 10% BID PRN: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they 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. Trolamine salicylate (Mobisyl) is a non-steroidal anti-inflammatory being used as a topical analgesic. It is the salt formed between triethanolamine and salicylic acid. The Chronic Pain Medical Treatment Guidelines do recommend topical salicylates as being significantly better than placebo in chronic pain. In osteoarthritis, salicylates are superior to placebo for the first two weeks, with diminishing effect over another two-week period. The Official Disability Guidelines also recommend topical salicylates as an option and note that they are significantly better than placebo in acute and chronic pain. They further note however, that neither salicylates nor capsaicin have shown significant efficacy in the treatment of osteoarthritis. The previous non-certification did not specify any specific literature or guidelines that did not recommend topical salicylate therapy. In this case, there is documentation of chronic pain not completely responsive to other therapies and therefore provided an indication for Trolamine salicylate topical. As such, the request is medically necessary.