MAXIMUS Federal Services

Case Number:	CM14-0030422		
Date Assigned:	06/20/2014	Date of Injury:	06/14/2012
Decision Date:	07/21/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 59-year-old male who reported an injury on 06/14/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 04/21/2014 indicated a diagnosis of lumbar radiculopathy. The injured worker reported significant back pain and weakness. On physical examination of the lumbar spine, there was tenderness to palpation of the paravertebral muscles with spasms present. The straight leg test was positive bilaterally with restricted range of motion. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included Medrox patch, Orphenadrine ER, Omeprazole, Norco, naproxen, and Docusate Sodium. The provider submitted a request for physical therapy three times a week for four weeks for the back, neurologic evaluation, Medrox, and Orphenadrine ER. A request for authorization was submitted for Medrox, Orphenadrine ER, physical therapy three times a week for four weeks for the back, and for neurological evaluation. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the injured worker had prior physical therapy. The completed physical therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue exercises such as strengthening, stretching, and range of motion. Therefore, the request for physical therapy is not medically necessary.

A NEUROLOGIC EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits.

Decision rationale: The ODG recommends that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The guidelines also state the determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The documentation submitted did not indicate any significant clinical findings that would warrant a neurologic evaluation. In addition, the provider did not indicate a rationale for the request. Therefore, the request for a neurological evaluation is not medically necessary.

Medrox Pain Relief Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105, 112-113.

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

Decision rationale: Medrox contains (Methyl Salicylate, Menthol, and Capsaicin 20/5/0.0375%). The Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines further state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-

herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. There is lack of evidence in the documentation to indicate the injured worker is not responding or intolerant to other treatments. In addition, there was a lack of documentation of efficacy or functional improvement with the use of this medication. Additionally, there is lack of evidence of postherpetic neuralgia, diabetic neuropathy, or post mastectomy pain in the documentation provided. Moreover, capsaicin is generally available as a 0.025% formulation. The amount of capsaicin 0.0375% in Medrox is excessive and exceeds the Guideline recommendations. Furthermore, the request did not provide a dosage, frequency, or quantity for this medication. Therefore, the request for Medrox Pain Relief Ointment is not medically necessary.

Orphenadrine ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Spasmodic Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. There is a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the injured worker has been prescribed this medication since at least 02/19/2014. This exceeds the guideline recommendations of short-term use for no longer than 2 to 3 weeks. Furthermore, the provider did not indicate a frequency for the request. Therefore, the request for Orphenadrine ER 100mg #60 is not medically necessary.