

Case Number:	CM14-0035194		
Date Assigned:	06/23/2014	Date of Injury:	11/28/2012
Decision Date:	07/24/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/21/2014

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 Oklahoma. 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 24-year-old male who reported an injury on 11/28/2012. The mechanism of injury was noted to be an auto accident. The injured worker's prior treatments included chiropractic care, acupuncture, use of a TENS unit, and topical medications. The injured worker's diagnoses were noted to be joint pain of the hand and joint pain of the lower leg. The injured worker had a clinical examination on 02/10/2014. The injured worker complained of chronic low back pain, left upper extremity pain, left hand pain, and right knee pain. The injured worker reported his pain level with activity at 8/10, his pain level with rest was 3/10 to 5/10. The injured worker reported that medications do help to reduce some pain and allow for greater function. The injured worker added that he is tolerating the medications without side effects. Examination of the lumbar spine revealed tenderness to palpation at the lumbosacral junction. Range of motion of the lumbar spine was full with flexion but decreased by 10% with extension and full with rotation bilaterally. Sensations were intact to light touch to the bilateral lower extremities. Examination of the left upper extremity revealed motor strength 5/5 for the the bilateral upper extremities, deep tendon reflexes were 2+ and equal at the biceps, triceps, and brachioradialis. Finkelstein's was negative bilaterally. Range of motion of the bilateral shoulders was within normal limits. Impingement sign was negative bilaterally. The injured worker's current medications at the time of the evaluation were Capsaicin cream and diclofenac sodium cream. The treatment plan included a recommendation for walk and exercise. The provider's rationale for the requested therapy was provided within the documentation. The provider's request for the topical creams was not provided within the documentation. A request for authorization for medical treatment was dated 02/13/2014 for the request of physical therapy.

The request for authorization for medical treatment for the Capsaicin cream and for the diclofenac cream was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of physical therapy for the left upper extremity and low back; Two (2) sessions per week for six (6) weeks: Upheld

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

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

Decision rationale: The request is for 12 sessions of physical therapy for the left upper extremity and low back; 2 sessions per week for 6 weeks is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend active therapy 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercises can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines allow for physical medicine time for fading of treatment frequency, from up to three visits per week to one or less, plus active self-directed home physical medicine. The guidelines allow 9 to 10 visits over 8 weeks. The clinical evaluation on 02/10/2014 does not significantly indicate the injured worker having functional deficits. The range of motion values are not provided within the evaluation. Motor strength was within normal limits. The request for 12 visits is in excess of the guidelines maximum of 10 visits. Therefore, the request for 12 sessions of physical therapy for the left upper extremity and low back; 2 sessions per week for 6 weeks is not medically necessary.

Capsaicin 0.075% cream #1: Upheld

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

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

Decision rationale: The request for Capsaicin 0.075% cream is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines recommend Capsaicin 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 as a treatment for osteoarthritis, and a 0.075% formulation primarily studied for postherpetic 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 0.25% formulation would provide any further efficacy. The injured worker does not have any documented intolerance to former treatments. The injured worker's pain has not been noted in the clinical evaluation as neuropathic pain nor has it been documented that the injured worker has failed trials of antidepressants and anticonvulsants. The formulation of Capsaicin 0.075% is not indicated for the injured worker's diagnoses of joint pain in the hand and joint pain in the lower leg. The provider's request does indicate an application site for the topical cream requested. Therefore, the request for Capsaicin 0.075% cream quantity 1 is not medically necessary.

Diclofenac sodium 1.5% 60 gm #1: Upheld

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

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

Decision rationale: The request for diclofenac sodium 1.5% 60 g quantity 1 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate 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. The guidelines state topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment are recommended only for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Voltaren gel 1% or (diclofenac): is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. Maximum dose should not exceed 32 g per day: that is 8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity. The most common adverse reactions were dermatitis and pruritis. The provider's request was for diclofenac sodium 1.5%. 1.5% is not recommended under the guidelines. They recommend 1% for relief of osteoarthritis pain in joints. The provider's request does indicate the topical location of application. The clinical evaluation does not indicate how long the injured worker has been using diclofenac sodium topical cream. The guidelines only recommend this for short-term use of 4 to 12 weeks. It is not indicated in the clinical evaluation that the injured worker has failed antidepressants and anticonvulsants thus meeting criteria for topical analgesics. Therefore, the request for diclofenac sodium 1.5% 60 g quantity 1 is not medically necessary.