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| Case Number: | CM14-0035316 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 12/23/2011 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 03/10/2014 |
| 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 45 year old woman who sustained a work related injury on December 13 2011. Subsequently , she developed a chronic back pain. According to a note dated on May 13 2014, the patient was complaining of continuous severe back pain radiating to the right leg. The pain significantly improved with Ketoprofen. The dendracin cream helped with the pain. Her physical examination demonstrated lumbar tenderness with reduced range of motion. The patient was treated with Nortriptyline, Ketoprofen, Senokot and Dendracin. There is no documentation of the effect of Dendracin on the patient pain. The patient was also treated with physical therapy, acupuncture, chiropractic sessions and epidural injections. The provider requested authorization to use Dendracin cream and aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),Capsaicin (Dendracin Cream).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Section Page(s): 126.

Decision rationale: Dendracin is formed by methyl salicylate, mentol and benzocaine. According to MTUS, salicylate topicals is recommended and is better than placebo. Benzocaine (similar to lidocaine) could be recommended in neuropathic pain. There is no strong controlled studies supporting the efficacy of dendracin or topical analgesics for the treatment of neuropathic pain. The patient was treated with Dendracin cream without documentation of functional and pain improvement. Therefore, Dendracin cream is not medically necessary.

6 sessions of aqua therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Aquatic therapy Page(s): 22.

Decision rationale: According to MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains. (Tomas-Carus, 2007). There no clear evidence that the patient is obese or need have difficulty performing land based physical therapy or the need for the reduction of weight bearing to improve the patient ability to perform particular exercise regimen. There is no documentation for a clear benefit expected from Aquatic therapy. There is no documentation of the outcome of previous physical therapy and chiropractic treatment. Therefore the prescription of Aquatic Therapy is not medically necessary.