MAXIMUS Federal Services

Case Number:	CM14-0064362		
Date Assigned:	07/14/2014	Date of Injury:	09/05/2008
Decision Date:	08/12/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/07/2014

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 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 injured worker is a 65-year-old female who reported an injury on 09/05/2008 caused by an unspecified mechanism. The injured worker's treatment history included epidural injections, MRI, medications, physical therapy and pain management. The injured worker was evaluated on 05/12/2014 and it was documented that the injured worker had lower back pain radiating into both lower extremities. It was noted that the injured worker underwent a lumbar spine caudal epidural block with improvement, and underwent a cervical epidural injection on her cervical spine with 75% improvement. The injured worker's gait was slow, guarded on the right side, and used a cane. The physical examination of the neck revealed midline tenderness extending from C4-6. She had bilateral cervical facet tenderness at C2-3, C5-6, more on the right than left. It was noted she had bilateral trapezius tenderness. The physical examination of the lower back had tenderness at midline and lower lumbar facet. Straight leg raise and Lasegue's tests were positive, on the right was 60 degrees, and left was 70 degrees. The physical examination of the right and left wrist had carpal tunnel and compression was positive. The Phalen's test and Tinel's sign were positive. She had pain and tenderness in her right and left elbow over lateral epicondyle. Both shoulders had tenderness over anteroposterior aspect of shoulders. Extension adduction was 40 degrees and abduction/flexion 160 degrees. Her internal/external rotation was 80 degrees all noted painful. The medications included Tylenol, Neurontin, Zanaflex, Flurbiprofen/Lidocaine, and Ultraflex-G. It was noted within the documentation that the injured worker had physical therapy however, it was discontinued and was recommended she do home physical therapy and stretching. The injured worker's diagnoses included bilateral lateral epicondylitis, bilateral carpal tunnel, lumbar discogenic, shoulder joint pain, cervical discogenic pain. The Request for Authorization dated 05/06/2014 was for pool therapy; however, the request for Ultracin was or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=3b0612ee-95e2-42f5-b671-00029bb5da95ULTRACIN (methyl salicylate, menthol, capsaicin) lotion.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. Ultracin lotion contains at least one or more drug class. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Furthermore, there was no documentation provided on conservative care measures such as physical therapy or pain management. In addition, there was no documentation provided on frequency or location where the Ultracin lotion would be applied and unspecified quantity of the lotion was not provided. As such, the request for Ultracin is not medically necessary and appropriate.

Pool therapy; once (1) per week for four (4) weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy & Physical Medicine Page(s): 22&99.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guideline recommends aqua therapy as an optional form of exercise therapy, where available as alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is especially recommended when reduced weight bearing is desirable, for example, extreme obesity. Physical medicine guidelines recommend a total of 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The diagnoses included bilateral lateral epicondylitis, bilateral carpal tunnel, lumbar discogenic, shoulder joint pain and cervical discogenic pain. It was noted that the injured worker had prior sessions of physical therapy; however, it was noted she was discontinued and was recommended regular home physical therapy. There was lack of documentation on the injured worker's outcome of conservative care such as pain medication management or home exercise regimen. Furthermore, the documentation

lacked the injured worker long-term goal for functional improvement. Given the above, the request for 24 pool therapy; once (1) per week for four (4) weeks is not medically necessary and appropriate.