MAXIMUS Federal Services

Case Number:	CM14-0070375		
Date Assigned:	07/14/2014	Date of Injury:	12/24/2003
Decision Date:	09/10/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 53 year-old female with a date of injury of 12/24/2003. The patient's industrially related diagnoses include lumbar sprain and strain, displacement of thoracic/lumbar intervertebral disc without myelopathy, sprain of SI, and thoracic/lumbosacral neuritis/radiculitis. The disputed issues are a hospital bed and Ultracin 120mg. A utilization review determination on 4/14/14 had non-certified these requests. The stated rationale for the denial of the hospital bed was that "based on treatment guidelines, there are no high quality studies to support the purchase of any type of specialized mattress or bedding as treatment for low back pain. The claimant is now almost 2 months out from surgical intervention. The use of a hospital bed is no longer felt to be medically necessary. The Ultracin was non-certified because "this medication is a topical cream containing multiple ingredients including methyl salicylate, menthol, and capsaicin. Based on evidence based treatment guidelines, topical creams are considered largely experimental. Capsaicin is only supported topically if first line medications have failed, which has not been demonstrated."

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital Bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Indications and Limitations of Coverage regarding Hospital Beds.

Decision rationale: The California Medical Treatment and Utilization Schedule do not directly address hospital beds. Therefore, the guidelines used are those outlined by Medicare under "Medicare Indications and Limitations of Coverage regarding Hospital Beds."The AME report dated 9/24/13 stated that the evaluating physician did consider that "a hospital bed rental was reasonable in the early acute setting for approximately one month following surgery." The injured worker underwent lumbar spinal fusion on 2/20/14 and the request for the hospital bed was made on 4/8/14, over 1 month after post-operatively. Therefore, the timeframe for which the hospital bed use was consider reasonable had exceeded.Furthermore, at the time the hospital bed was requested, there was insufficient documentation provided to support the need for a hospital bed as listed below in "general requirements for coverage of hospital beds." Medical necessity for a hospital bed is not established; therefore, the request is not medically necessary.

Ultracin 120ml, #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, Capsaicin Page(s): 28-29, 105, 111-113.

Decision rationale: Ultracin is a topical compounded preparation with the following ingredients: Methyl Salicylate 28%, Menthol 10%, and Capsaicin 0.025%. The Chronic Pain Medical Treatment Guidelines on page 111 states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Thus, each active ingredient should be analyzed in making a determination of medical necessity. Further specification on methyl salicylate which metabolizes in the body to salicylic acid (an NSAID), can be found on page 112 of the Chronic Pain Medical Treatment Guidelines which states that "the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety." Topical NSAIDS are indicated for osteoarthritis, particularly of the knee and elbow or other joints that are amenable to topical treatment. However, the guidelines state "there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Thus in this case, the methyl salicylate is not medically necessary. For topical capsaicin, the Chronic Pain Medical Treatment Guidelines, on pages 28-29, recommend it in the 0.025% strength as a treatment for OA and chronic non-specific low back pain "only as an option in patients who have not responded or are intolerant to other treatments." Furthermore, on page 113, it states "although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy."On 2/18/2014, the injured worker was prescribed Norco 7.5/325mg, Neurontin 600mg, and Zanaflex 4mg at the time she was prescribed Ultracin. There is a checked box that states "patient cannot tolerate oral NSAIDS" but this Ultracin has a combination of three medications

and all should be considered individually. There is no documentation that she was intolerant to the current medications prescribed or that she was not responding to the treatment. Therefore, according to the guidelines referenced above, Ultracin is not medically necessary at this time.