

Case Number:	CM14-0074651		
Date Assigned:	07/16/2014	Date of Injury:	07/17/2010
Decision Date:	09/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/22/2014

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 has a subspecialty in Interventional Spine 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 patient is a 43-year-old female with an injury date of 05/04/10. The 04/14/14 report by [REDACTED] states the patient presents with deep achy chronic back pain that radiates down both lower limbs. She reports ongoing muscle spasms with numbness, tingling and shooting pain. Examination of the lumbar spine reports palpation reveals pain on both the sides at L3-S1 region. There is pain noted over the lumbar intervertebral spaces. The patient's gait appears antalgic and pain was noted with lumbar extension. Per the 04/04/14 progress report by [REDACTED] she is temporarily totally disabled. The physician is requesting for 1. 12 aquatic therapy sessions to lumbar spine, Left ankle, Thoracic/Lumbosacral Neuritis/Radiciulitis; 2. Kera Tek Gel 4 oz. The utilization review being challenged is dated 04/24/14. The rationale is that no documentation indicated a need for reduced weight bearing therapy was provided, and the requested visits exceed the number allowed by the guidelines. Regarding the Kara Tek Gel 4 oz., evidence-based guidelines do not consistently support compounded medications. Treatment reports were provided from 01/14/13 to 04/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek Gel 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 111,112-113. Decision based on Non-MTUS Citation

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=5527b965-615b-4eff-8597803e2e626f61>.

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

Decision rationale: The patient presents with chronic back pain and left ankle pain. The physician requests is for Kera Tec Gel 4 oz. No reports provided indicate that the insured has previously used this medication. MTUS guidelines on topical analgesics page 111 (chronic pain section) states the following: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Kera Tek Gel is a compound analgesic containing 28% Methyl Salicylate and 16% Menthol. The physician does not provide any discussion regarding the efficacy and use of this topical product. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis which this patient does present with. However, the physician does not document that this product is being used for the ankle, and with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Therefore, the request for Kera Tek Gel 4 oz is not medically necessary and appropriate.

12 Aquatic Therapy sessions to Lumbar Spine, Left Ankle, Thoracic/Lumbosacra Neuritis/Radiculitis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Low back Chapter, Ankle, and Foot.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page 22 has the following regarding Aquatic Therapy and Physical Medicine Page(s): 22, 98-99.

Decision rationale: The patient present with chronic back pain and left ankle pain. The back pain radiates down both lower limbs with ongoing muscle spasms, tingling and numbness. The physician is requesting 12 Aquatic Therapy sessions. MTUS guidelines page 22 has the following regarding aquatic therapy: Recommended as an optional form of exercise therapy where available as an alternative to land based 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. The treater did not provide a history of physical therapy treatments so it is unknown how many treatment visits the patient has received. No discussion is indicated as to obesity or the need for reduced weight bearing that would bear on why aquatic therapy is needed as an alternative treatment. In addition, MTUS guidelines pages 98, 99 state that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis, 8-10 visits are recommended. The requested number of visits exceeds the number authorized by these guidelines. Therefore, the request for 12 Aquatic Therapy sessions to Lumbar Spine, Left Ankle, Thoracic/Lumbosacra Neuritis/ Radiculitis is not medically necessary and appropriate.

