

<b>Case Number:</b>	CM14-0079845		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Occupational Medicine and is licensed to practice in North Carolina. 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 56 year-old with a reported date of injury of 12/20/2013. The patient has the diagnoses of pain in limb, internal derangement of the knee, lumbar radiculopathy, hip enthesopathy, derangement of the shoulder and bicipital tenosynovitis. Per the progress notes provided by the primary treating physician dated 04/22/2014, the patient had complaints of significant back pain, left hip pain and left shoulder pain with no improvement since last visit. The physical exam noted left shoulder decreased range of motion with positive impingement sign, lumbar paravertebral muscle tenderness to palpation with spasm with decreased range of motion and left knee decreased range of motion with medial collateral ligament tenderness and left hip greater trochanter tenderness to palpation. Treatment recommendations included aqua therapy and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUA THERAPY 3 X 4 (12 VISITS) FOR THE LOW BACK, LEFT HIP, LEFT SHOULDER, AND LEFT KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATHERAPY.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy page(s) 22 Page(s): 22.

**Decision rationale:** 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 may be required to preserve most of these gains. (Tomas-Carus, 2007). There is no provided documentation of extreme obesity or why the minimization of the effects of gravity would be necessary for treatment versus traditional land based therapy. For these reasons the request is not medically necessary.

**CAPSAICIN 0,1% CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics page(s) 111-112 Page(s): 111-112.

**Decision rationale:** Recommended as an option as indicated below, Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is no provided documentation of failure of first line recommended therapy or intolerance to such therapy. For these reasons the request is not medically necessary.

**CARISOPRODOL 350MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants page(s) 63 Page(s): 63.

**Decision rationale:** Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004). The long-term use of this medication is not recommended and there is no mention in the documentation of treating of acute exacerbation of chronic low back pain. For these reasons the request is not medically necessary.

