MAXIMUS Federal Services

Case Number:	CM14-0085397		
Date Assigned:	06/23/2014	Date of Injury:	11/22/2011
Decision Date:	07/28/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/09/2014

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 Neurological Surgery, 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 who was injured on 11/22/11. The mechanism of injury was not listed. The most recent progress note dated 2/3/14 indicated that there were ongoing complaints of low back pain and lower extremity pains. The physical examination demonstrated midline and L-PV tenderness with spasms, positive sciatic notch bilaterally, and decreased range of motion with pain. EMG/NCS dated 4/9/13 showed normal EMG of the lower extremities with NCS findings consistent with a mild left peroneal motor neuropathy at the ankle. Previous treatment included lumbar epidural steroid injections, lumbar facet injections, manipulative therapy, acupuncture, physical therapy, a right knee injection and medications to include Flexeril, hydrocodone, naproxen, omeprazole, and tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy session, #6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines support the use of low energy extracorporeal shock wave therapy (ESWT) as an option for chronic plantar fasciitis. It is under study for patellar tendinopathy and for long-bone hypertrophic nonunion. Review of the available medical records failed to document any diagnosis for which ESWT would be appropriate; therefore, this request is not considered medically necessary.

flurbi 20% / trama 20% / cyclo 4% cream: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory drugs (NSAIDs) for treatment of the above noted diagnosis. Additionally, the guidelines state there was no evidence to support the use of topical cyclobenzaprine and advise against the addition of cyclobenzaprine to other agents. Therefore, this request is not considered medically necessary.

gaba 10% / amitrip 10% / dextro 10% cream: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally, the guidelines state there is no evidence to support the use of topical gabapentin and advise against the addition of gabapentin to other agents. Therefore, this request is not considered medically necessary.

Terocin patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112.

Decision rationale: Terocin patches are topical analgesics containing lidocaine and menthol. The California MTUS Chronic Pain Medical Treatment Guidelines support methyl salicylate for chronic pain, and topical lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or anti-depressants have failed. Based on the clinical documentation provided, the claimant has not attempted a trial of either class of medication. Guidelines state when a single component of the compounded medication is not indicated, the entire medication is not indicated. As such, this request is considered not medically necessary.