

Case Number:	CM14-0125637		
Date Assigned:	08/11/2014	Date of Injury:	08/03/2011
Decision Date:	02/04/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/07/2014

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 Occupational Medicine and is licensed to practice in Iowa. 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 45 year-old male with a date of injury of 8/3/2011. A review of the medical documentation indicates that the patient is undergoing treatment for low back pain. Subjective complaints (6/3/2014) include lumbar pain of 1/10 severity, with stiffness with prolonged sitting. Objective findings (6/3/2014) include lumbar decreased range of motion, other documentation is difficult to read. Diagnoses include lumbar spine pain, s/p anterior lumbar discectomy and decompression L4-5. Imaging studies were not available for review. The patient has previously undergone surgery as indicated above, as well as physical and medication therapy. A utilization review dated 8/1/2014 did not certify the request for Menthoderm (Methyl Salicylate 15%/Menthol 10%) Gel 360g, Cyclobenzaprine 5 mg #90, Infrared electro acupuncture and capsaicin patch, Orthopedic initial consult, and Functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm (methyl salicylate 15%/menthol 10%) gel, QTY: 360g: 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): 111-113. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain, Topical analgesics; Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: Methoderm/Thera-Gesic is the brand name version of a topical analgesic containing methyl salicylate and menthol. Topical analgesics are primarily recommended for chronic pain in specific circumstances, such as neuropathic pain, when trials of antidepressants and anticonvulsants have failed. MTUS states there is little to no research to support the use of most topical analgesics. There is little evidence to utilize these medications for musculoskeletal pain. ODG guidelines also recommend similar criteria, including identifying a clear indication with a neuropathic etiology and failure of first-line therapy for neuropathy. ODG only recommends menthol specifically for use only in the context of cryotherapy for acute pain. The medical documentation does not indicate a diagnosis of neuropathic pain or cryotherapy or a failure of other medication therapy, and there is little evidence supporting use of this medication. The specific indication for this medication is also unclear, as no detailed assessment or treatment plan is included, and the medical documentation is brief and at times difficult to interpret. Therefore, the request for Methoderm (methyl salicylate 15% menthol 10%) gel, 360g is not medically necessary.

Cyclobenzaprine 5 mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Antispasmodics, Muscle Relaxants (for pain), Cyclobenzaprine, Page.

Decision rationale: Cyclobenzaprine is a muscle relaxant class medication. According to MTUS guidelines, muscle relaxants are recommended for chronic pain for a short course of therapy for acute exacerbations. Muscle relaxants may be effective in reducing pain and muscle tension, but in most back pain cases they show no benefit beyond NSAIDs. Evidence indicates the greatest effect is seen in the first 4 days of treatment. MTUS also states that pain relief is generally temporary, and continued evaluation should include documentation improvement in function and increased activity. ODG also states that a short course of therapy is recommended, and that this medication should not be used with other agents. The medical documentation indicates the patient has been on this medication for an extended period of time (at least since January 2014), exceeding the short-term recommendation for treatment length. The treating physician has not provided rationale for the extended use of this medication, and does not include sufficient documentation regarding the reported pain over time or specific improvement while on this medication. The documentation does indicate some functional improvement (increased ADLs) in a past note, but it is unclear which intervention this is attributable to (surgery, physical therapy, a specific medication, or other use). The patient also appears to be on other chronic pain medication, which is not recommended. Therefore the request for cyclobenzaprine 5 mg # 90 is not medically necessary.

Infrared Electro acupuncture treatments,15 minutes and capsaicin patch, 2 to 3 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Capsaicin Page(s): 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture; Official Disability Guidelines (ODG) Pain, Topical analgesics.

Decision rationale: According to MTUS guidelines, acupuncture is recommended as an option when pain medication is reduced or not tolerated. The guidelines state that acupuncture may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. MTUS recommends initially 3-6 treatments for 1-3 times per week for 1-2 months, with extension if functional improvement is documented. ODG does not recommend acupuncture for acute low back pain, but does mention that it may be considered as a trial if it would facilitate participation in active rehab efforts. The initial trial is recommended for 3-4 visits over 2 weeks, with evidence of objective functional improvement to continue for a maximum of 8-12 visits over 4-6 weeks. Evidence to repeat this beyond an initial short course of therapy is inconclusive. Regarding the capsaicin request, topical analgesics are primarily recommended for chronic pain in specific circumstances, such as neuropathic pain, when trials of antidepressants and anticonvulsants have failed. MTUS states there is little to no research to support the use of most topical analgesics. There is little evidence to utilize these medications for musculoskeletal pain. ODG guidelines also recommend similar criteria, including identifying a clear indication with a neuropathic etiology and failure of first-line therapy for neuropathy. MTUS states capsaicin specifically is only an option in patients who have not responded or are intolerant to other treatments. The medical documentation does not provide any history of prior acupuncture therapy. The treating physician does not indicate that the trial is to be used as an adjunct to physical rehabilitation, although it does appear that physical therapy is ongoing. The duration also exceeds the initial recommendations for a trial of 3-6 treatments. No detailed assessment or treatment plan is included, and the medical documentation is brief and at times difficult to interpret. Regarding the capsaicin, the patient does not have any of the recommended indications, and the evidence supporting use is limited and not recommended by guidelines. Therefore, the request for Infrared Electro acupuncture treatments, 15 minutes and capsaicin patch, 2 to 3 times per week for 4 weeks, is not medically necessary.

Orthopedic initial consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visit.

Decision rationale: According to ACOEM, indications for immediate consultation include assessing "red flags" and physical evidence of severe neurologic compromise that correlates with the medical history and test results. Findings of concern include suspicions of tumor, infection, fracture, or dislocation; or history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant additional examination. According to ODG, office visits for low back pain are recommended when determined to be medically necessary, but specialist consultations are not specifically addressed. According to the medical documentation, there are no red flags indicative of immediate referral. It is unclear with the purpose or indication is for specialist referral, as no clinical question is specifically addressed. The documentation does not include a detailed assessment and treatment plan to explain the justification for referral. The patient appears to have mild symptoms at this time and the examination is not detailed. Therefore, the request for orthopedic initial consultation is not medically necessary at this time.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: According to MTUS guidelines, ACOEM recommends use of a functional capacity evaluation (FCE) when necessary to translate medical impairment into functional limitations and determine work capability, in the event that a more precise delineation is needed than can be elicited from routine physical examination. ODG also does not recommend as part of routine evaluation, and only recommends in certain circumstances, such as prior to a Work Hardening program, when case management is complicated by complex issues, or at an appropriate time to assist placement or medical determination. ODG recommends timing of FCE when the patient is close or at MMI and all key medical reports are secured and additional or secondary conditions are clarified. The medical documentation available does not clearly outline the patient's limitations and the changes over time. The documentation makes no indication that any additional information on the patient's capabilities is necessary to determine work status or capabilities. There is no mention of a work hardening program, case management, or medical determination. The examination, assessment, and treatment plan included in the documentation is very limited. Therefore, the request for a functional capacity evaluation is not medically necessary at this time.