MAXIMUS Federal Services

Case Number:	CM14-0166483		
Date Assigned:	10/13/2014	Date of Injury:	01/28/2005
Decision Date:	04/21/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old man sustained an industrial injury on 1/28/2006. The mechanism of injury is not detailed. Current diagnoses include cervical strain, cervical radiculitis, lumbar strain, lumbar radiculopathy, bilateral shoulder strains, bilateral wrist and hand tendonitis, bilateral CTS, bilateral knee pain, gastritis, secondary depression due to chronic pain, and constipation. Treatment has included oral medications, cortisone injection to the left knee, physical therapy, massage therapy, and muscle stimulator use, modality non-specified. A revision of allocation dated 7/14/2014 shows continued pain in the cervical spine, shoulders, hands, wrists, lumbar spine, knees, constipation, and depression. It is stated that the worker will continue to need oral medications as well as short courses of physical and massage therapy. On 9/16/2014, Utilization Review evaluated prescriptions for massage treatment two times per week for three weeks, Flexeril 10 mg #60, Menthoderm gel 4oz 1-3 layers TID, Pennsaid lotion 1.5% 10 drops to each side of knee QID, Pantoprazole DR 20 mg 102 QD, Cidaflex 1 TID, and continue muscle stimulator, that were submitted on 10/1/2014. The UR physician noted the following: regarding massage treatment, they should be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Regarding Flexeril, it is recommended for a short course of therapy only. Regarding Pennsaid lotion, NSAIDs are not recommended as topical agents. Regarding Pantoprazole, there is no documentation to support gastrointestinal symptoms. Regarding muscle stimulator, more specific information is needed to specify the modality. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy, twice a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: MTUS recommends Massage therapy as an adjunct to other treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Documentation provided indicates that the injured worker has had no significant improvement in pain with previous treatment modalities, including massage therapy, to justify the medical necessity for additional therapy. The request for Massage therapy, twice a week for three weeks is not medically necessary per guidelines.

Flexeril 10 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. Documentation fails to indicate significant improvement in the injured worker's pain or functional status to justify continued use of Flexeril. The request for Flexeril 10 mg # 60 is not medically necessary per MTUS guidelines.

Menthoderm gel 4oz 1-3 layers, three times a day: Upheld

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

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

Decision rationale: MTUS states that there is little to no research to support the use of many topical analgesics. Menthoderm gel contains Menthol and Methyl salicylate. The use of topical Menthol is not recommended. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Menthoderm gel 4oz 1-3 layers, three times a day is not medically necessary.

Pennsaid lotion 1.5% 10 drops to each side of knee, four times a day: Upheld

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

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

Decision rationale: MTUS states that topical NSAIDs are not recommended for neuropathic pain, but may be useful for short-term treatment (4-12 weeks) of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) . Documentation indicates the injured worker has had chronic knee pain with no significant improvement, making the request for ongoing use of Pennsaid lotion not medically appropriate. The request for Pennsaid lotion 1.5% 10 drops to each side of knee, four times a day is not medically necessary per guidelines.

Pantoprazole DR 20 mg, 1-2 qd: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: MTUS recommends the combination of Non-steroidal anti-inflammatory drugs (NSAIDs) and Proton Pump Inhibitors (PPIs) for patients at risk for gastrointestinal events including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA and high dose or multiple NSAID (e.g., NSAID + low-dose ASA). Documentation does not support that the injured worker is at high risk of gastrointestinal events or is being treated with high dose NSAIDs. With MTUS guidelines not being met, the request for Pantoprazole DR 20 mg, 1-2 qd is not medically necessary.

Cidaflex three times a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation http://smartmedicine.acponline.org.

Decision rationale: Cidaflex is glucosamine and chondroitin. Per guidelines, glucosamine and chondroitin are not recommended and do not appear to be effective therapies for osteoarthritis. The request for Cidaflex three times a day is not medically necessary.

Continue muscle relaxant stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: MTUS does not recommend the use of Neuromuscular electrical stimulation (NMES devices) for the treatment of in chronic pain. NMES is used primarily as part of a rehabilitation program following conditions such as Strokes. Document fails to show significant improvement in pain or function with ongoing use of muscle relaxant stimulator by the injured worker. The request to continue muscle relaxant stimulator use is not medically necessary.