MAXIMUS Federal Services

Case Number:	CM14-0194514		
Date Assigned:	12/02/2014	Date of Injury:	10/28/2000
Decision Date:	01/16/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/20/2014

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 Family Medicine 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:

This is a 65 year old male patient who sustained an injury on 10/28/2000. He sustained the injury when he fell backwards after an altercation with a jail inmate and the prisoner and other persons fell onto the patient. The current diagnosis includes lumbar degenerative disc disease. Per the doctor's note dated 9/19/2014, he had complaints of chronic low back pain. The physical examination revealed normal gait, 5/5 strength in all extremities; tenderness to palpation at the lumbosacral junction, with associated muscle tension, decreased range of motion of lumbar spine by 10% with flexion but full with extension, and decreased by 20% with rotation bilaterally and intact sensations to light touch at the bilateral lower extremities. The medications include Tramadol/Acetaminophen, Capsaicin Cream, Lovastatin, Furosemide, Metoprolol, Omeprazole, Potassium and Terazosin. He had undergone radiation therapy for prostate cancer in the past. He has had physical therapy visits, TENS unit and acupuncture visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy once (1) per week for six (6) weeks for the low back: 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) Low Back Chapter, Physical therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98.

Decision rationale: The MTUS guidelines recommend up to 9-10 physical therapy visits for this diagnosis. The patient has had physical therapy visits, TENS unit and acupuncture visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visits notes are not specified in the records provided. Per the MTUS Chronic Pain Medical Treatment Guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of physical therapy once (1) per week for six (6) weeks for the low back is not established for this patient at this time. Therefore, this request is not medically necessary.

Topical Capsaicin 0.075% cream x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants) (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." The cited MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response and failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. The medical necessity of Topical Capsaicin 0.075% cream is not fully established for this patient. Therefore, this request is not medically necessary.