

Case Number:	CM15-0135064		
Date Assigned:	07/23/2015	Date of Injury:	12/30/2012
Decision Date:	09/22/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of December 30, 2012. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve requests for four sessions of acupuncture, twelve sessions of aquatic therapy, Synovacin (glucosamine), and topical Dendracin. The claims administrator referenced an RFA form received on June 26, 2015 and an associated progress note of June 15, 2015 in its determination. The claims administrator contended that the applicant had had at least 16 sessions of acupuncture over the preceding eight months. The claims administrator also contended that the applicant had had at least 24 sessions of aquatic therapy over the preceding several months. The claims administrator contended that the applicant was seemingly working. On an RFA form dated June 15, 2015, a physician follow-up visit, acupuncture, and aquatic therapy were endorsed. In an associated progress note of the same date, June 15, 2015, the applicant reported ongoing complaints of mid and low back pain, 7/10. The applicant reported that activities such as lifting and pulling remained problematic. Synovacin and Dendracin were endorsed. The applicant was asked to continue acupuncture and continue aquatic therapy. The applicant was returned to regular work, it was suggested. The applicant was asked to follow up with a physician for medication management purposes. In an earlier note dated January 19, 2015, it was acknowledged that the applicant was using both Duragesic and Nucynta for pain relief. 9/10 pain complaints were reported on this date. Drug testing, morphine, and Percocet were endorsed. The applicant's work status was not explicitly stated on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 acupuncture treatments, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for four sessions of acupuncture for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20e, here, however, it appeared that the applicant had plateaued in terms of the functional improvement measures established in MTUS 9792.20e, despite receipt of earlier acupuncture at various points over the course of the claim. Therefore, the request is not medically necessary.

12 aqua therapy sessions, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Guidelines Page(s): 22; 99.

Decision rationale: Similarly, the request for 12 sessions of aquatic therapy was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, it was not clearly established that reduced weight bearing was in fact desirable. The applicant's gait was not clearly described or characterized on the June 15, 2015 office visit at issue. It was not suggested, however, that reduced weight bearing was necessarily desirable here. It is further noted that the 12-session course of aquatic therapy at issue, in and of itself, represents treatment in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. Therefore, the request is not medically necessary.

90 Synovacin 500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The request for Synovacin (glucosamine) was likewise not medically necessary, medically appropriate, or indicated here. While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledge that Synovacin (glucosamine) is recommended is an option, given its low risk, in applicants with moderate pain associated with arthritis, such as knee arthritis, here, however, there was no mention of the applicant having issues with arthritis for which Synovacin (glucosamine) would have been indicated on or around the date of the request, June 15, 2015. The applicant's stated diagnoses on that date were lumbar sprain, thoracic sprain, myofasciitis, and radiculitis. It did not appear, thus, that the applicant carried a bona fide diagnosis of arthritis or knee arthritis for which Synovacin (glucosamine) would have been indicated. Therefore, the request is not medically necessary.

Dendracin 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation Dendracin Neurodendraxcin®, Topical Pain ... - DailyMed dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?id=26892 DENDRACIN NEURODENDRAXCIN - methyl salicylate, menthol and capsaicin lotion. Physicians.

Decision rationale: The request for Dendracin was likewise not medically necessary, medically appropriate, or indicated here. Dendracin, per the [REDACTED], is an amalgam of methyl salicylate, menthol, and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, the tertiary ingredient in the compound, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, there was no mention of the applicant having issues with intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Dendracin compound in question. Therefore, the request is not medically necessary.