

Case Number:	CM15-0167929		
Date Assigned:	09/08/2015	Date of Injury:	04/19/2014
Decision Date:	10/14/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/26/2015

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: Colorado

Certification(s)/Specialty: Family Practice

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 27 year old female, who sustained an industrial injury on 4-19-14. She has reported initial complaints of a slip and fall injury onto her buttocks and back. The diagnoses have included chronic lumbar strain, hypertonic paraspinal musculature of the lumbar spine and right lower extremity radicular pain and numbness. Treatment to date has included aqua therapy 12 sessions, physical therapy, acupuncture, injections, diagnostics and other modalities. Currently, as per the physician progress note dated 7-17-15, the injured worker complains of persistent pain in the low back rated 7 out of 10 on pain scale and frequent and worsening on the right radiating down the leg. The pain is made better with therapy and rest. The injured worker does not take medications. She just finished aquatic therapy 12 out of 12 sessions to the lumbar spine with increased range of motion and less pain noted. She is now able to ambulate for 40 minutes as opposed to 30 minutes before the aquatic therapy. She also feels a little more strength. The pain is made worse with weather change and activity. The injured worker is not currently working. The objective findings-physical exam of the lumbar spine reveals decreased range of motion, tenderness to the paraspinals, tenderness over the right sacroiliac articulation, and positive Gaenslen's test and positive sacroiliac compression test. The previous therapy sessions are noted in the records. The physician requested treatment included Aquatic therapy to lumbar spine 2 times a week for 4 weeks and Kera-Tek Gel (Methyl Salicylate/Menthol) 4 oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy to lumbar spine 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: Per the guidelines, Aquatic therapy is recommended as an alternative to land-based physical therapy, specifically where decreased weight bearing is needed or recommended, for example in obesity. The number of recommended supervised sessions for aquatic therapy is the same as those recommended for land-based therapy: For myalgia and myositis 9-10 visits recommended over 8 weeks and for neuralgia, neuritis, and radiculitis, 8-10 visits recommended over 4 weeks. Per the records supplied, the patient, whose complaints include myalgias and radiculitis, has participated in traditional physical therapy in the past without documented benefit. Likewise, the records indicate patient has already participated in aquatic therapy with only some documented benefit. The records do not indicate any quantifiable improvement with either therapy, and there is no documentation of a specific reason why patient would need aquatic therapy instead of traditional land-based physical therapy. Without clear indication for aquatic therapy, and with completion of 12 sessions of aquatic therapy already without quantifiable pain and function improvement, the request for aquatic therapy is not medically necessary.

Kera-Tek Gel (Methyl Salicylate/Menthol) 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Efficacy and safety profile of a topical methyl salicylate and menthol patch in adult patients with mild to moderate muscle strain: a randomized, double-blind, parallel-group, placebo-controlled, multicenter study. Higashi Y1, Kiuchi T, Furuta K. Clin Ther. 2010 Jan; 32 (1): 34-43. doi: 10.1016/j.clinthera.2010.01.016.

Decision rationale: Per the MTUS Guidelines, topical analgesics may be indicated for specific conditions when other therapies have failed. However, the guidelines make it clear that if a drug or drug class in a given topical compound is "not recommended," then the entire compounded topical is not recommended. The MTUS Guidelines do not address methyl salicylate or menthol specifically, so other resources were consulted. A MEDLINE search revealed a single study done using patch formulation of menthol and methyl salicylate, which did show improvement in local pain. However, the literature does not contain any significant quality evidence to recommend the use of menthol and/or methyl salicylate topical analgesic. Without more evidence based research results to support its use, the topical Kera-Tek gel (menthol and

methyl salicylate) is not medically necessary.