

Case Number:	CM15-0190153		
Date Assigned:	10/02/2015	Date of Injury:	09/05/1996
Decision Date:	12/09/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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:

The injured worker is a 71 year old female, who sustained an industrial injury on 9-5-1996. The medical records indicate that the injured worker is undergoing treatment for lumbar spine sprain-strain with bilateral radiculopathy, facet osteoarthritis, status post anterior cervical discectomy and fusion (2000), cervical spondylosis, and bilateral wrist tendinitis. According to the progress report dated 8-25-2015, the injured worker presented with complaints of lumbar spine pain with radicular symptoms. On a subjective pain scale, she rates her pain 8 out of 10. In addition, she reports high blood pressure and bladder incontinence. She notes that she has been practicing her Kegel exercises. The physical examination of the lumbar spine reveals tenderness to palpation over the paravertebral muscles, decreased range of motion, and reduced muscle strength (4 out of 5). Examination of the cervical spine reveals tenderness to palpation over the paravertebral muscles, decreased range of motion, and positive axial compression test. The current medications are Ultracin lotion (since at least 3-16-2015). Per notes, the injured worker cannot tolerate oral anti-inflammatory medications. Previous diagnostic testing includes MRI studies. Treatments to date include medication management, physical therapy, home exercise program, chiropractic, lumbar epidural steroid injection, and surgical intervention. Work status is described as retired. The treatment plan of care includes physical therapy for flare-up of neck and low back pain, internal medicine consult for hypertensive symptoms, refill Ultracin lotion, cervical collar, interferential home unit for spasms, and follow-up in 4-6 weeks. The original utilization review (9-4-2015) had non-certified a request for Ultracin top lotion, internal medicine consultation, cervical collar, and interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin top lotion 120ml: 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 rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Ultracin is a topical analgesic containing Methyl Salicylate (28%), Menthol (10%) and Capsaicin (0.025%). Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Ultracin top lotion 120ml is not medically necessary by MTUS.

Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Physician report at the time of the requested service under review indicates that the injured worker has history of Hypertension. There is no Blood pressure documented or acute clinical findings attributable to Hypertensive crisis. Furthermore, there is lack of information regarding management or response to date. The medical necessity for Internal medicine consultation has not been established. The request for Internal medicine consultation is not medically necessary.

Vista cervical collar: 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) Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Cervical collar.

Decision rationale: MTUS does not address this request. Per guidelines, rest and immobilization using collars are less effective in treating patients diagnosed with whiplash associated disorders and other related acute neck disorders. It is recommended that these patients begin normal, pre-injury activities to facilitate recovery. ODG does not recommend the use of neck collars for neck sprains. The injured worker has chronic radicular neck pain, with reported flare up of symptoms. Physician report indicates the Physical therapy is being recommended. Per guidelines, the request for cervical collar is not medically necessary.

Interferential unit: 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): Transcutaneous electrotherapy.

Decision rationale: MTUS states that Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). Electrotherapy is recommended in conjunction with other treatments, including return to work, exercise and medications. This form of treatment is appropriate for patients with significant pain from postoperative conditions that limit the ability to perform exercise programs/physical therapy treatment, or refractory to conservative measures (e.g., repositioning, heat/ice, etc.), patients whose pain is ineffectively controlled due to diminished effectiveness or side effects of medications or patients with history of substance abuse. If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. Documentation provided fails to indicate that the injured worker's pain level limits the ability to perform exercise programs/physical therapy treatment. In additions, physician report does not support that the injured worker is participating in other recommended treatments, including a home exercise program. With MTUS criteria not being met, the request for Interferential unit is not medically necessary.