

<b>Case Number:</b>	CM15-0022688		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: California  
Certification(s)/Specialty: Emergency 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 57-year-old female who reported injury on 02/26/2014. Other therapies included physical therapy. The documentation of 01/20/2015 revealed the injured worker's mechanism of injury was cumulative trauma. The injured worker was taking medications for pain as needed. The physical examination revealed spasm in the paraspinal muscles and tenderness to palpation of the paraspinal muscles. Sensation was reduced in the bilateral median nerve dermatomal distribution. The injured worker had decreased range of motion. The injured worker had reduced sensation in the bilateral L5 dermatomes. The diagnoses included cervical sprain, lumbar radiculopathy, and acute chemical conjunctivitis. The treatment plan included a TENS unit for home use; another sessions of physical therapy, and Medrox pain relief ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Transcutaneous Electrical Nerve Stimulator Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to provide the injured worker had 3 months of pain and had evidence that other appropriate pain modalities had been tried and failed. The request as submitted failed to indicate the body part to be treated; and it failed to indicate whether the unit was for rental or purchase. Given the above, the request for 1 transcutaneous electrical nerve stimulator unit is not medically necessary.

**1 Container of Medrox pain relief ointment 120grams with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin Page(s): 105, 111, 28. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medrox Online Package Insert.

**Decision rationale:** The California Medical Treatment Utilization Schedule indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety "are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." The clinical documentation submitted for review failed to provide documentation for the necessity for 2 refills of the medication. There was a lack of documentation indicating that the injured worker had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency and body part to be treated. Given the above, the request for 1 container of Medrox pain relief ointment 120 grams with 2 refills is not medically necessary.

**12 Physical Therapy sessions for the neck and lumbar spine with core strengthening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had completed physical therapy treatment. There was a lack of documentation of objective functional benefit, and documentation of objective functional deficits to support the necessity for additional, ongoing therapy. Given the above, the request for 12 physical therapy sessions for the neck and lumbar spine with core strengthening is not medically necessary.