

Case Number:	CM13-0013976		
Date Assigned:	10/02/2013	Date of Injury:	06/07/2010
Decision Date:	01/28/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana, and Texas. 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 physician 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:

The patient is a 38-year-old female who reported an injury on 06/07/2010. The mechanism of injury was stated to be that the patient was walking in a garage and did not see a step and twisted her right ankle. The patient was noted to have low back pain and right ankle pain along with compensatory left foot pain as well as sleep difficulties due to pain. The diagnoses were noted to include lumbar spine sprain/strain, myofasciitis with right lower extremity radiculopathy and compensatory pain of the left foot along with sleep difficulty. The request was made for 8 sessions of physical therapy for the low back and Dendracin ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back (8 sessions): Overturned

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

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

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment and is directed at controlling

symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The patient was noted to have low back pain and right ankle pain along with compensatory left foot pain as well as sleep difficulties due to pain. The clinical documentation submitted for review indicated that the patient had prior physical therapy for her right ankle. However, there is no documentation indicating that the patient had physical therapy for her low back or her back pain. Given the above, the request for 8 sessions of physical therapy for the low back is medically necessary.

Dendracin ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates; Topical Analgesics Page(s): 105, 111. Decision based on Non-MTUS Citation Dendracin online drug insert

Decision rationale: The California MTUS Guidelines, ACOEM and Official Disability Guidelines do not specifically address Dendracin. However, per the online drug insert, Dendracin includes methyl salicylate, benzocaine and menthol; and it is used for: temporary relief of minor aches and pains caused by arthritis, simple backache and strains. Per California MTUS, topical salicylates are recommended, and topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The patient was noted to have tenderness and pain to the low back with radiation of the pain to the right lower extremity. The patient was noted to have a positive straight leg raise on the right with pain in the sciatic notch area. The pain was noted to radiate to the right popliteal area and into the right ankle. The clinical documentation submitted for review failed to provide that the patient had a trial of antidepressants and anticonvulsants that had failed. Given the above lack of documentation and the lack of a quantity being requested, the request for Dendracin ointment is not medically necessary.