

Case Number:	CM14-0160276		
Date Assigned:	10/06/2014	Date of Injury:	08/14/2012
Decision Date:	11/07/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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 applicant is a represented [REDACTED] employee who has filed a claim for chronic arm, hand, wrist, shoulder, and neck pain reportedly associated with an industrial injury of August 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and earlier shoulder arthroscopy. In a Utilization Review Report dated September 12, 2014, the claims administrator partially approved six sessions of physical therapy, denied Zanaflex, and denied topical Ultracin. The claims administrator stated that it was uncertain how much prior physical therapy the applicant had actually had in 2014, noting that the applicant had received an approval for 18 sessions, many of which were never attended. The applicant's attorney subsequently appealed. In an August 21, 2014 progress note, the applicant was placed off of work, on total temporary disability through September 2, 2014. Persistent complaints of neck and left shoulder pain were noted. The applicant was status post right carpal tunnel release surgery, left carpal tunnel release surgery, and right shoulder arthroscopy, it was noted. The applicant was severely obese. Zanaflex, Ultracin, and 12 sessions of physical therapy were endorsed. It was stated that the applicant would remain off of work till September 2nd; at this point a rather proscriptive 5-pound lifting limitation would be imposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; twelve (12) sessions (3x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99, 8.

Decision rationale: The 12-session course of treatment proposed, in and of itself represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains dependent on a variety of oral and topical agents. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

Zanaflex 2mg BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex section Page(s): 66, 7.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed off-label for low back pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has not stated how (or if) ongoing usage of Zanaflex has been effectual here. The applicant is off of work. The attending provider has not outlined any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Zanaflex usage. It is further noted that the progress note of August 21, 2014 on which Zanaflex was endorsed contained no explicit mention of issues with low back pain, a condition for which for page 66 of the MTUS Chronic Pain Medical Treatment Guidelines tepidly endorses usage of Zanaflex. Therefore, the request is not medically necessary.

Topical Ultracin lotion BID to TID 120gms: 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 Analgesics topic Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Ultracin are considered "largely experimental," primarily employed for neuropathic pain when trials of antidepressants and/or anticonvulsants have failed. In this case, there is no evidence of the failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of largely experimental topical agents such as Ultracin. Therefore, the request is not medically necessary.