

Case Number:	CM14-0092340		
Date Assigned:	07/25/2014	Date of Injury:	05/25/2007
Decision Date:	10/14/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 63-year-old male, who reported an injury on 05/25/2007. The mechanism of injury was not provided. On 01/17/2014, the injured worker presented with neck, back, and upper extremity complaints. Upon examination, the injured worker had an antalgic gait and an abnormal toe to heel walk on the left. There was tenderness and tightness in the paralumbar musculature with limited range of motion. Lumbar ranges of motion were 20 degrees of flexion, 10 degrees of extension, 5 degrees of bilateral rotation, and 5 degrees of bilateral tilt. The diagnoses were bilateral knee chondromalacia of the patella, lumbar discopathy, upper extremity overuse injury, and stress and anxiety. Prior treatment included medications. The provider recommended aquatic therapy, TGHOT cream, Tramadol, and Lorazepam. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Aquatic Therapy Visits, Left Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The request for 8 Aquatic Therapy Visits, Left Elbow is not medically necessary. California MTUS recommends aquatic therapy as an alternative to land based physical therapy. Aquatic therapy can minimize effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The guidelines recommend 10 visits of aquatic therapy over 4 weeks. There is lack of documentation that the injured worker is recommended for reduced weight bearing exercise. The amount of aquatic therapy visits the injured worker underwent and the efficacy of those treatments were not provided. As such, medical necessity has not been established; therefore, the request for 8 Aquatic Therapy Visits, Left Elbow is not medically necessary.

TGHot Cream 240 gm Twice Daily: 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 Page(s): 111.

Decision rationale: The request for TGHot Cream 240 gm Twice Daily is not medically necessary. According to California MTUS, transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, or glutamate receptor antagonists). There is little to no research to support the use of many of these agents. There is lack of documentation that the injured worker had failed a trial of an antidepressant or an anticonvulsant. Additionally, the provider's request as submitted does not indicate the site at which the cream is indicated or the quantity of the medication. As such, medical necessity has not been established; therefore, the request for TGHot Cream 240 gm Twice Daily is not medically necessary.

Tramadol/APAP 37.5/325 mg #100 (every 6-8 h prn as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 78.

Decision rationale: The request for Tramadol/APAP 37.5/325 mg #100 (every 6-8 h prn as needed) is not medically necessary. The California MTUS Guidelines recommends the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review, and documentation of pain relief, functional status, appropriate medication use, and side effects

should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risks for aberrant drug abuse behavior, side effects. Additionally, the efficacy of the prior use of the medication was not provided. As such, medical necessity has not been established; therefore, the request for Tramadol/APAP 37.5/325 mg #100 (every 6-8 h prn as needed) is not medically necessary.

Lorazepam 1 mg #60 (bid twice daily): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24..

Decision rationale: The request for Lorazepam 1 mg #60 (bid twice daily) is not medically necessary. The California MTUS Guidelines does not recommend the use of benzodiazepines for long term use, because long term efficacy is unproven and there is risk of dependence. Most guidelines limit the use to 4 weeks. The injured worker has been prescribed Lorazepam previously, and the provider's request for Lorazepam 1 mg twice a day with a quantity of 60 exceeds the guideline recommendation of short term therapy. There is lack of efficacy of the medication documented to support continued use. Therefore, based on the above, the request for Lorazepam 1 mg #60 (bid twice daily) is not medically necessary.