MAXIMUS Federal Services

Case Number:	CM14-0097725		
Date Assigned:	07/28/2014	Date of Injury:	05/25/2012
Decision Date:	09/15/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/25/2014

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 claimant injured his low back and right knee on 05/25/12. Salon Pas patches are under review. He had a history of a right knee sprain with medial meniscus derangement and lumbar radiculopathy and facet syndrome. A note by the provider dated 03/11/14 indicates he had right thigh and calf atrophy. He also had an MRI on 12/20/13 that was normal and Electromyography (EMG) on 01/03/14 showed right L3, 4 radiculopathy. There were no pain behaviors and he had a medial joint line that was tender. He was also tender at the patella. Physical therapy (PT) was ordered for 24 visits along with Salon Pas patches for his knee and back every 8 hours. He had chronic low back and right knee pain. He stated he had increased low back pain and right thigh numbness that was intermittent. His overall pain was 2-3/10. He was given Salon Pas patches and Nucynta ER. He also was given Pepcid. PT was ordered for 8 visits. He was unable to return to work. He was not P&S and his exam showed facet-mediated pain and L3-4 radiculopathy. He did not have PT since July 2012. He had not been doing a lumbar HEP. He did not want injections or surgery. He was seen on 01/28/14 by the provider. He was using Nucynta ER and Salon Pas patches and Prilosec. PT was recommended. He was given Nucynta ER and Salon Pas patches. He has been using the same medications at least as far back as late 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Salon Pas patches #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Salon Pas patches. The CA MTUS page 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs such as anti-depressants and anti-neuropathic medications, if neuropathic symptoms are suspected. The claimant received refills of his other oral medication Nucynta, also, with no identified intolerance or lack of effect. The medical necessity of this request for Salon Pas patches #90 with 2 refills has not been clearly demonstrated.

Physical Medicine and Physical therapy: Active therapy; [redacted] program 2 times a week for 12 weeks total of 24 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for an additional 24 visits of PT for unknown body parts and indications. The claimant has attended PT for his injury and the results of the rehab are unknown. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The notes indicate that he was not involved in a lumbar home exercise program. There is no clinical information that warrants the continuation of PT for an extended period of time. There is no evidence that the claimant is unable to complete his rehab with an independent HEP and no indication that supervised exercises are likely to be more beneficial than independent exercise and self-management of symptoms. The medical necessity of the additional 24 visits of physical medicine and physical therapy: active therapy; [redacted] program 2 times a week for 12 weeks for total of 24 visits has not been clearly demonstrated.

Physical therapy for the lumbar spine and left knee 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98,99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine treatment Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for an additional 8 visits of PT for the low back and left knee. The claimant has attended PT for his injury, including in July 2012 and the results of the rehab are unknown. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The notes indicate that he was not involved in a lumbar home exercise program and a modification of this request to 2 visits for the purpose of home exercise instruction can be recommended. There is no clinical information that warrants the continuation of PT for an extended period of time. There is no evidence that the claimant is unable to complete his rehab with an independent HEP once he has received instruction and no indication that supervised exercises are likely to be more beneficial than independent exercise and self-management of symptoms. The medical necessity of the additional 8 visits of therapy has not been clearly demonstrated.