

Case Number:	CM14-0099933		
Date Assigned:	07/30/2014	Date of Injury:	08/25/2011
Decision Date:	10/15/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/30/2014

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:

Patient is a 48-year-old male who has submitted a claim for ankle sprain/strain, lumbar sprain/strain, major depressive disorder, anxiety disorder, and hypertension associated with an industrial injury date of 8/25/2011. Medical records from 2014 were reviewed. Patient complained of pain at the back, right wrist, right hip, left knee, left ankle, and left foot, rated 8/10 in severity. Aggravating factors included prolonged standing, walking, climbing, and forceful activities. Jamar hand dynamometer testing showed right grip strength of 14/10/10 kg, versus 18/20/20 kg at the left. Swelling of the right knee with crepitus was noted. Examination of the lumbar spine showed restricted motion and muscle spasm. Patient was unable to perform heel walk and toe walk. Deep tendon reflexes of bilateral patella were graded 1+. Straight leg raise test was positive on the left. Motor strength and sensory exam were intact. Progress report from 3/7/2014 stated that patient complained of eye irritation when hot water was accidentally splashed on his eyes. He likewise attributed his symptoms from exposure to hot steam and chemicals at work. He was prescribed eye drops Examination of the eye showed no icterus and intact extraocular movements. Progress report from 4/18/2014 stated that patient had regular checkup for cataract development. Treatment to date has included knee surgery, left eye surgery, kidney transplant, physical therapy, and medications such as Menthoderm, omeprazole, and tramadol (since April 2014). Utilization review from 5/27/2014 denied the request for follow up low complexity and moderate complexity neurospine because of no clear rationale provided for the follow up visit since the complaints were minimal; denied Infrared therapy with Capsaicin patch twelve (12) visits because there was no evidence that patient was unresponsive and intolerant to all other treatment; denied ophthalmology evaluation because of no recent evidence of chemical burns, intraocular infections, or acute glaucoma to support the request; denied Menthoderm gel 360gr because of no evidence of failure of first line therapy; denied omeprazole

20 mg, #30 because of no gastrointestinal issues; and denied dermatologist evaluation because of no clear indication based on the medical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up low complexity and moderate complexity neurospine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, an orthopedic surgeon is seeing the patient. He complains of low back pain corroborated by restricted motion and muscle spasm. Patient is unable to perform heel walk and toe walk. Deep tendon reflexes of bilateral patella are graded 1+. Straight leg raise test is positive on the left. Motor strength and sensory exam are intact. However, there is neither a medical record providing evidence of ongoing neurosurgery consultation nor a plan to refer patient to neurosurgery. There is no clear indication for this request. The medical necessity cannot be established due to insufficient information. Therefore, the request for Follow up low complexity and moderate complexity neurospine is not medically necessary.

Infrared therapy with Capsaicin patch twelve (12) visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Knee and Leg Procedure

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CAPSAICIN Page(s): 28-29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Infrared Therapy

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. ODG states that infrared therapy is not recommended over other heat therapies. Where deep heating is

desirable, providers may consider a limited trial of IR therapy for treatment of acute low back pain but only as an adjunct to a program of evidence-based conservative care. In this case, patient complains of low back pain corroborated by restricted motion and muscle spasm. However, medical records submitted and reviewed failed to provide a clear indication for this request. In addition, the patient is not in the acute phase of treatment; industrial injury occurred in 2011. There is also no documentation of a specific conservative treatment which would act as an adjunct for the infrared heating system; guidelines do not recommend infrared as a solitary treatment modality. There is likewise no evidence of failure of or intolerance to first line therapy to initiate capsaicin patch treatment. The medical necessity cannot be established due to insufficient information. Therefore, the request for Infrared therapy with Capsaicin patch twelve (12) visits is not medically necessary.

Ophthalmology evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Eye Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, progress report from 3/7/2014 stated that patient complained of eye irritation when hot water was accidentally splashed on his eyes during the industrial injury date in 2011. He likewise attributed his symptoms from exposure to hot steam and chemicals at work. He was prescribed eye drops. Examination of the eye showed no icterus and intact extraocular movements. Progress report from 4/18/2014 stated that patient had regular checkup for cataract development. There was no clear indication for referral to another specialist at this time. There were no worsening of subjective complaints and objective findings to warrant the present request. Therefore, the request for ophthalmology evaluation was not medically necessary.

Menthoderm gel 360gr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE; TOPICAL ANALGESICS Page(s): 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: Page 111 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to

determine efficacy or safety. Methoderm gel contains methyl salicylate and menthol. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate Topicals are significantly better than placebo in chronic pain. In this case, Methoderm gel was prescribed as adjuvant therapy to oral medications. However, the requested Methoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. There is no compelling indication for this request. Therefore, the request for Methoderm Gel 360 grams is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since April 2014. However, there is no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient does not meet any of the aforementioned risk factors. The guideline criteria are not met. Therefore, the request for Omeprazole 20mg #30 is not medically necessary.

Dermatologist evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, there were no subjective complaints and objective findings pertaining to the integumentary

system to warrant the present request. The medical necessity cannot be established due to insufficient information. Therefore, the request for dermatologist evaluation was not medically necessary.