

Case Number:	CM15-0118421		
Date Assigned:	06/26/2015	Date of Injury:	09/23/2009
Decision Date:	08/25/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 56 year-old female, who sustained an industrial injury on 9/23/09. The injured worker was diagnosed as having lumbar radiculopathy, shoulder impingement, carpal tunnel syndrome and brachial neuritis or radiculitis. Treatment to date has included Capsaicin cream 0.025%, aqua therapy, Flexeril, Tramadol, Flector patches and activity restrictions. Currently, the injured worker complains of worsening right hip pain with radiation down right leg to foot, she is also having lower back pain, numbness, tingling and shock-like symptom with radiation to lower extremities, pain in left shoulder, neck and right shoulder and pain in both arms. Physical exam noted paravertebral muscles are tender, spasm is present and range of motion is restricted. Motor strength is 4/5 in all major muscle groups and slight weakness compared to prior evaluation was noted. Hand grips and sensation of hands are reduced bilaterally. The treatment plan and request for authorization included refilling of capsaicin cream and a trial of aqua therapy to reduce her pain in lower extremities and lumbar spine. Aqua therapy has been beneficial in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 times per week for 3 weeks for neck, back, shoulders, right lower extremity, and right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

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

Decision rationale: CA MTUS guidelines recommend aqua therapy as an optional form of exercise therapy where available as an alternative to land based physical therapy. Aqua therapy is specifically recommended where reduced weight bearing is desirable due to its effects of minimizing gravity. Documentation does not include rationale why the injured worker would require further aqua therapy, even though she benefited from it in the past. Therefore, the request for aqua therapy is not medically necessary.

Capsaicin 0.025% cream with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: CA MTUS guidelines note topical medications are "largely experimental in use with few randomized controlled trials to determine efficacy or safety". "Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments." Although topical Capsaicin has moderate to poor efficacy, it may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. Documentation does not indicate why the injured worker would benefit from Capsaicin as compared to a first line oral treatment. She has previously used Capsaicin and documentation does not document any benefit for its use. Therefore, the request for Capsaicin cream is not medically necessary.