

Case Number:	CM13-0002413		
Date Assigned:	11/20/2013	Date of Injury:	07/27/2004
Decision Date:	01/09/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, has a subspecialty in Interventional Spine 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 physician 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 IMR application lists the date of injury as 7/27/2004 and shows a dispute with the 7/8/13 UR decision. The 7/8/13 UR decision letter is from CID and denies the use of Ketoprofen, Medrox ointment, chiropractic and PT that were requested on the 6/10/13 medical report. The 6/10/13 medical report is by [REDACTED] and states the patient injured himself on 7/27/04 when he fell off a roof, and that the patient continues with low back, left shoulder and neck pain, as well as stomach upset with pain medications taken to address headaches when the neck pain is intense. There was also left hip/groin pain and recurrence of left knee pain. The diagnoses included: 1) left cervical strain with radiculitis symptoms; 2) lumbar strain with bilateral radiculitis symptoms; 3) left shoulder strain with impingement; 4) GI upset/gastritis as a compensable consequence to the chronic use of pain medications and anti-inflammatory medications; 5) left hip and left inguinal strain, r/o internal derangement of the left hip; and 6) recurrent left knee strain since June 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown sessions of Chiropractic treatment: 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 Manual Therapy & manipulation Page(s): 58.

Decision rationale: The number of sessions was not provided on the request and the records show the patient has had chiropractic care in the past without mention of any functional improvement. The 8/28/13 report states the patient has been stable and has not had any recent flare-ups. MTUS states a trial of 6 sessions for low back pain might be appropriate and with documentation of functional improvement these may be extended. The request did not include the duration or frequency of chiropractic care, so I cannot verify that the request is in accordance with MTUS recommendations.

Unknown sessions of physical therapy: 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 Page(s): 98-99.

Decision rationale: The number of PT sessions provided in the past is not known and there are no reports of functional improvement with past PT. The 8/28/13 report states the patient has been stable and has not had any recent flare-ups. MTUS states, "8-10 sessions of PT are appropriate for various myalgias and neuralgias." The request did not include the duration, frequency, or total number of PT sessions requested, so I cannot verify that the request is in accordance with MTUS recommendations.

Ketoprofen 75mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication. Page(s): 22.

Decision rationale: MTUS states, "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The patient is diagnosed with chronic low back pain from a fall in 2004. The patient does have GI upset with the medication, but the physician is managing this with use of a PPI. The use of anti-inflammatory medication for chronic low back pain appears to be in accordance with MTUS guidelines.

Medrox Ointment 120mg: Overturned

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

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

Decision rationale: MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medrox contains capsaicin, and MTUS criteria for capsaicin states, " Recommended only as an option in patients who have not responded or are intolerant to other treatments." There were 231 pages of medical records provided for this IMR and the earliest report appears to be from 7/11/12. The physician reported Medrox was helpful. Norco 5/325 was tried and discontinued because it did not help. Ultracet was subsequently tried and was also ineffective as documented on the physician's 11/28/12 report. The patient has had prior PT and chiropractic care and has persistent symptoms. MTUS states salicylate topical medications are recommended for chronic pain. The MTUS criteria for use of methyl salicylate and capsaicin have been met. The use of Medrox ointment appears to be in accordance with the MTUS guidelines.