MAXIMUS Federal Services

Case Number:	CM13-0017089		
Date Assigned:	11/20/2013	Date of Injury:	09/01/2010
Decision Date:	01/28/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/27/2013

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 Anesthesia, has a subspecialty Certificate in Pain 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 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:

This patient is a 63-year-old female injured worker, date of injury 9/1/2010, who has been diagnosed with spasms in the cervical and lumbar regions. He has been treated with chiropractic care, physical therapy, medication, and activity modification. On 6/12, the requesting physician advised continuation of a home exercise program (HEP), and this has been periodically re-advised since then. On 8/13, the provider dictated a letter of appeal for the denial of the chiropractic and physical therapy (PT) services but did not state specific goals nor why the HEP was not appropriate (regarding PT). Topical medications were requested since the injured worker did not tolerate oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2x6, for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,Chronic Pain Treatment Guidelines Page(s): 58, 98-99, 111-113. Decision based on Non-MTUS Citation General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: In the denial appeal letter, the provider fails to document specific goals of ongoing physical therapy and why a home exercise program is insufficient. The letter states that when physical therapy and chiropractic care were performed together in past, the injured worker felt better. However, it is unclear the relative magnitude of effect of each treatment. Not medically necessary.

Chiropractic Therapy, 2x6, Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Page(s): 58, 98-99, 111-113. Decision based on Non-MTUS Citation General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: The injured worker is continuing to work, but in a reduced capacity compared to what she states she needs to achieve at work, and less than the capacity she performed previously when she was receiving chiropractic care. ACOEM states additional chiropractic care is medically necessary for flare-ups, if the chiropractic treatment facilitates return to work. In the rationale for denial, the UR physician does not appear to have taken into account the documentation regarding the patient's home exercise program and the initial chiropractic sessions' role in supporting return to work. The determination is that chiropractic treatment for flare-ups is medically necessary.

Compound medication: Diclofenac 3% Baclofen 2% Cyclobenzaprine 2% Tetracycline 2% Terocin (Methyl Salicylate 25%/Menthol 10%/Capsaicin 0.025%/ Lidocaine 2.5%): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,Chronic Pain Treatment Guidelines Page(s): 58, 98-99, 111-113. Decision based on Non-MTUS Citation General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114)

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

Decision rationale: Capsaicin may have an indication in this context. Per guidelines on page 112, "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Methyl salicylate may also have an indication for chronic pain in this context. Per guidelines, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." However, the preponderance of evidence suggests this product is not

medically necessary. With regard to lidocaine, guidelines state, "Further research is needed to recommend this treatment for chronic neuropathic pain disorders and other than post-herpetic neuralgia," and, "Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)". The injured worker has not been diagnosed with post-herpetic neuralgia, so Lidocaine is not indicated. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. Per MTUS, Baclofen topically is not recommended for chronic pain. Guidelines state that topical medications are "[l]argely 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 little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since this compound contains multiple drugs that are not indicated, the entire compound is not recommended. Also, regarding the use of multiple medications, guidelines state, "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medi