

Case Number:	CM13-0022158		
Date Assigned:	11/13/2013	Date of Injury:	11/06/1997
Decision Date:	01/24/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine & Rehabilitation, 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 underlying date of injury in this case is 11/06/1997. Primary diagnoses include a cervical sprain, cervical disk disease, cervical spondylosis, cervical facet arthropathy, cervicogenic headaches, lumbar spondylosis with facet arthropathy, and low back pain due to a lumbar sprain/strain. An initial physician review notes that the patient is a computer services worker who was initially hit by a falling object on 11/06/1997. That review outlines the patient's history of chronic pain despite extensive conservative treatment including chiropractic and acupuncture without significant benefit in the past. That review concluded that the requests for chiropractic treatment and for topical compounded medications were not supported as medically necessary based on the guidelines. A treating physician progress report of 07/19/2013 notes that the patient presented with ongoing pain in the neck and back with the diagnosis of low back pain with a sprain/strain, headaches, and cervical disk disease at C4-5 and C5-6. The treating physician reported that the patient had previously been instructed to continue a home exercise program after receiving physical therapy through February 2013. This physician recommended that the patient continue chronic pain management with his pain management specialist. No specific followup appointment was provided. The patient's treating pain physician submitted a progress report on 09/30/2013 as well as an appeal regarding the recent utilization review denial. The treating physician notes that the patient previously underwent chiropractic treatment in 2012, and the patient feels in retrospect that the chiropractic treatments were significantly beneficial with dramatic benefit including up to 70% improvement and dramatic reduction in pain level as well as a significant decrease in muscle spasm which allowed the patient to increase his activities his activities including performance with household chores. The patient reports that he recalled that durin

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2x4 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines section on Manual Therapy & Manipulation Page(s): 58.

Decision rationale: The ACOEM Guidelines state, "Cervical manipulation has not yet been studied in Workers' Compensation populations...There is insufficient evidence to support manipulation of patients with cervical radiculopathy." Similarly, the MTUS Chronic Pain Guidelines Section on Manual Therapy and Manipulation, page 58, states regarding the low back, "Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months." The treating physician reports functional improvement described retrospectively by the patient. Overall, this treatment request is not supported by the records and the appeal letter and the guidelines for several reasons. First, the treating physician notes retrospective documentation of functional improvement from past chiropractic treatment, but the MTUS Chronic Pain Guidelines very specifically require that functional improvement be documented prospectively in evaluation and management notes. Moreover, the MTUS Guidelines do not support chiropractic in the chronic phase other than very limited treatment, less than the number of treatments requested currently. Rather, the MTUS Chronic Pain Guidelines encourage independent active home rehabilitation in the current chronic setting. The medical records provided for review do not support this request for chiropractic. The request for chiropractic treatment 2x4 for the cervical spine is not medically necessary and appropriate.

Trial of Compounded Medication which includes Ketoprofen, Gabapentin, and Lidocaine: 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 section on Topical Analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Topical Analgesics, pages 111-113, states, "Any compounded product that contains at least one drug that is not recommended is not recommended...Non-FDA-approved agent: Ketoprofen: This agent is not currently FDA approved for a topical application...Gabapentin: Not recommended. There is no peer-reviewed literature to support its use...Lidocaine: Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy." The medical records provided for review do not support localized peripheral neuropathic pain likely

amenable to topical lidocaine, as the nerve root in the cervical spine would likely be too deep to be affected by topical lidocaine. Most notably, the MTUS Chronic Pain Guidelines specifically do not recommend Ketoprofen or Gabapentin for topical use. The appeal letter from the treating physician does not address in particular these recommendations in the guidelines specifically arguing against the use of these medications for topical use. For these reasons, the request for a trial of Compounded Medication which includes Ketoprofen, Gabapentin, and Lidocaine is not medically necessary and appropriate.