

<b>Case Number:</b>	CM13-0023241		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	11/07/2001
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 and 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.

### 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 50 year-old female sustained an injury to her neck and upper extremities on 11/7/01 while employed by [REDACTED]. Medical report dated 8/2/13 from [REDACTED] and [REDACTED] noted patient has persistent pain in the neck and upper extremities including bilateral shoulders, elbows, wrists, and right hand. Neck pain radiates down arm with numbness and tingling. The patient reported she has had chiropractic therapy and massage in the past which helped to improve the headaches and be more functional. She also noted that she is currently not working. Objection findings included vitals, tenderness along cervical paraspinals, with trigger points along the trapezius and shoulder girdle. Diagnoses included Impingement syndrome of right shoulder s/p decompression with open distal clavicle excision. Treatment included 23 sessions of chiropractic and massage therapy with refills of Vicodin, Ibuprofen, Flexeril, Prilosec, and Dendracin lotion topical cream. She remains not working. There is an MRI report of the cervical spine dated 11/18/12 with impression of minimal broad-based 1.5 mm disc bulges at C3-4 and C4-5 without canal, neural foraminal stenosis or nerve root impingement. Report of 8/15/13 from [REDACTED] has non-certification for the requests of Dendracin topical cream, Chiropractic manipulation and massage therapy

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Dendracin lotion 120ml, three (3) month supply:** Upheld

**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:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic Dendracin Lotion over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Dendracin which has compounded Methyl Salicylate/ Benzocaine/ Menthol may cause increased bleeding when used concurrently with another salicylate/NSAID as in this case, Ibuprofen. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic. Dendracin lotion 120ml, three (3) month supply is not medically necessary and appropriate.

**Twelve (12) chiropractic manipulation sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation ODG, Chiropractic Guidelines, Regional Neck Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medical report dated 8/2/13 from [REDACTED], treatment plan was for 12 sessions of chiropractic manipulation to improve symptoms and activities. It appears the patient has achieved MMI and is P&S. The patient remains not working. There is no report of acute flare-ups or new red-flag findings nor are there any documented functional benefit derived from treatment already rendered. The twelve (12) chiropractic manipulation sessions is not medically necessary and appropriate

**twelve (12) massage therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

**Decision rationale:** Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this 2001 injury status post significant conservative physical therapy currently on an independent

home exercise program without plan for formal physical therapy sessions. The patient has been deemed P&S and remains not working. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The twelve (12) massage therapy session is not medically necessary and appropriate.