

Case Number:	CM13-0024978		
Date Assigned:	11/20/2013	Date of Injury:	01/15/2011
Decision Date:	01/09/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/16/2013

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, 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 patient is a 55 year old male with a date of injury of 1/15/2011. The progress report dated 8/14/13 by [REDACTED] noted that the patient was being seen for neck pain, bilateral hand pain, and low back pain radiating down the left lower extremity. The patient's diagnoses include: cervical spine disc herniation with myelopathy; cervical spine sprain/strain; bilateral carpal tunnel syndrome; lumbar spine disc herniation with myelopathy; lumbar spine sprain/strain; bilateral cubital tunnel syndrome; bilateral lateral epicondylitis. The patient reported that therapy and medications had helped. The request is for 12 sessions of chiropractic therapy and topical compound creams. The utilization review letter dated 9/9/13 noted that topical compounded creams had been prescribed since at least 4/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin/Menthol #120gm: 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: MTUS Chronic Pain Guidelines has the following to say about topical analgesics, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Topical NSAIDs are indicated for tendonitis for the knee and elbow or other joints that are amenable to topical treatment. The patient does have bilateral lateral epicondylitis. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. It is unclear by the medical records as to which areas the patient uses this topical medication for and there is no discussion by the treater regarding the patient not responding to other treatments. The request for 1 Prescription of Flurbiprofen/Capsaicin/Menthol #120gm is not medically necessary and appropriate

Ketoprofen/Cyclobenzaprine/Lidocaine Cream #120gm between 8/14/13 and 10/26/13:
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: MTUS Chronic Pain Guidelines has the following to say about topical analgesics, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Ketoprofen is not currently FDA approved for a topical application and Cyclobenzaprine has no evidence for use as a topical product. The request for 1 Prescription of Ketoprofen/Cyclobenzaprine/Lidocaine Cream #120gm between 8/14/13 and 10/26/13 is not medically necessary and appropriate.

A series of 12 Chiropractic sessions between 8/14/13 and 10/26/13: Upheld

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

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

Decision rationale: MTUS Chronic Pain Guidelines recommend a trial of 6 chiropractic visits over 2 weeks, with evidence of objective functional improvement allowing for a total of up to 18 visits over 6-8 weeks. There is no discussion by the treating provider in regard to the number of previous chiropractic visits and any functional improvement gained. Medical necessity has not been established in this case. The request for a series of 12 Chiropractic sessions between 8/14/13 and 10/26/13 is not medically necessary and appropriate.