

Case Number:	CM13-0033088		
Date Assigned:	12/06/2013	Date of Injury:	04/28/2009
Decision Date:	03/13/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/09/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 40-year-old male who was injured on April 28, 2009, when he fell off a roof injuring the left side of his body. The patient had a tibial plateau fracture, which was surgically repaired. The patient continues to experience cervical spine pain, which radiates to both shoulders and bilateral knee pain. The diagnoses include sprain/strain infraspinatus, strain/sprain knee/leg, and sprain/strain lumbar region. The treatments included medication and physical therapy. The effectiveness of prior physical therapy is not documented. Requests for authorization for chiropractic treatment/physical therapy twice weekly for 6 weeks and compound medication cream containing Flurbiprofen, Capsaicin, and Methyl Salicylate were submitted on September 10, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro treatment/ physiotherapy two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck/Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Manipulation, Physical Medicine and Preface, Physical Therapy Guidelines.

Decision rationale: The ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. In this case the request is for 12 treatments. If there is no objective functional improvement after 6 visits, the treatments should be discontinued. The number of treatments requested surpasses the number recommended for trial. In addition, there is no documentation that the patient achieved functional improvement with prior physical therapy treatments. The request for the treatments is not approved.

Compound medication cream: Capsaicin 0.025% Flurbiprofen 30% Methyl Salicylate 4% 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-112.

Decision rationale: Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case the patient received multidrug compound for medication. Per Chronic Pain Medical Treatment Guidelines, only one medication should be given at a time and a trial should be given for each individual medication. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Topical NSAIDs have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. Adverse effects for GI toxicity and renal function have been reported. It has not been evaluated for treatment of the spine, hip, or shoulder. Flurbiprofen is not an FDA approved topical NSAID. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. There is no documentation that the patient has not responded to other treatments. Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. In this case the Flurbiprofen and capsaicin are not recommended. The compound can therefore not be recommended.