

Case Number:	CM13-0044861		
Date Assigned:	12/27/2013	Date of Injury:	02/20/2001
Decision Date:	03/11/2014	UR Denial Date:	10/05/2013
Priority:	Standard	Application Received:	11/01/2013

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 Geriatrics and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working least at 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 injured worker is a 63 year old man with a date of injury of 2/20/01. He was seen by his physician on 8/22/13 to follow up his neck pain, headaches, and right facial pain. He stated that his transdermal topical medications are helping to decrease his pain. He is using his TENS unit and a night bite. His gastrointestinal (GI) problems were said to be under control. On physical exam, his abdomen was soft and non-tender. Upon evaluation of the cervical spine, he had minimal to mild tenderness over the occipital nerves bilaterally and the cervical spine from C5-7. He had pain with flexion and extension. He had moderate tightness and trigger points in the musculature. He also had mild to moderate tenderness over his right face and jaw. He had mild right shoulder joint tenderness with trigger points. His upper extremity reflexes were present and symmetric and sensory exam was grossly intact to touch. His assessment stated that his TMJ syndrome was under fair control. He continued to have pain and some returning problems when turning his head which was helped in the past with chiropractor sessions in February-March 2013 but now the pain has returned. The plan was to start flurbiprofen/gabapentin/lidocaine rub twice a day as needed for neuropathic pain. Twelve chiropractor sessions were requested and other medications were refilled. The medications and chiropractic sessions are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of compound rub Flurbiprofen 20%/Gabapentin 10%/Lidocaine 5%:
Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The records do not provide clinical evidence to support medical necessity.

1 prescription of Protonix 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 68-69.

Decision rationale: Protonix is a proton pump inhibitor which is used in conjunction with a prescription of an NSAID in patients at risk of gastrointestinal events. Per the MTUS, this would include those with: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that he is at high risk of gastrointestinal events to justify medical necessity of protonix

1 prescription of compound rub Baclofen 5%/Tramadol 30%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The records do not provide clinical evidence to support medical necessity.

The request for 12 sessions of chiropractic sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26.

Decision rationale: Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Maximum duration is said to be 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this injured worker, chiropractic care provided relief temporarily and then the pain returned. The records do not support the medical necessity of an additional 12 sessions of chiropractic therapy.