

<b>Case Number:</b>	CM13-0045325		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/03/2012
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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:

This is a 59 year old female with a date of injury of 11/03/12. Mechanism of injury was a trip and fall over a phone cord. She hit her knees first, then shoulder and then finally the face. She initially sought care on her own, but then was referred for treatment by an applicant attorney. The patient was diagnosed with lumbar disc displacement, lumbar facet syndrome, myalgia and neuroforaminal stenosis. The patient is also noted to have radiculitis, cervical disc protrusion and bilateral knee internal derangement. She has had extensive treatment to date, including medications, TENS, hot/cold therapy, PT, "physiotherapy" (chiro), and acupuncture. The number of sessions of PT, acupuncture and chiro are not clearly documented in the submitted medical record. Progress from these treatments is not evident. The patient has also had ESI. She has a general practitioner PTP, but also has a secondary treating physician who is a pain specialist. Reports from both do not discuss work status. There is no clear documentation that reflects any clinically significant progress, despite all the treatments to date. Most recent reports indicate that the patient has been taking Tramadol, medication for gastritis and topical ointments. No scientific evidence based studies are submitted that support compounded topicals. This was submitted to Utilization Review on 11/01/13 and chiro, FCE, and topical compounds were not recommended for certification. Acupuncture was modified to 6 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC CARE (2 TIMES PER WEEK FOR 6 WEEKS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, 308, Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-59.

**Decision rationale:** Guidelines do support chiropractic treatment as an option early in care for acute injury or for acute flare-ups, but do not support chronic elective/maintenance chiropractic care. In chronic injury, a time limited course may be considered to help facilitate and specific and identified functional/objective goal. In this case, the patient has had extensive treatment, including multiple PT and "physiotherapy" sessions. She is seen in follow-up without any new injury/trauma or acute flare up. The number of sessions completed is not clearly disclosed, and despite extensive prior care, there is no clear evidence of clinically significant case progression in objective/functional terms. There is no medical necessity for ongoing chiropractic care.

**ACUPUNCTURE (2 TIMES PER WEEK FOR 6 WEEKS):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Guidelines support a trial of acupuncture, with a trial defined as 3-6 sessions. For extension beyond a trial, guidelines require documented evidence of clinically significant objective and functional benefit/progression. This patient has had acupuncture, but the total number of sessions completed and documentation of clinically significant objective/functional progress is not submitted in the medical records reviewed. That said, when sent to Utilization Review, another 6 sessions were authorized. Medical necessity for those 6 sessions was not established, and clearly additional acupuncture over what was certified is not medically necessary.

**FUNCTIONAL CAPACITY EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, Functional Capacity Evaluation

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 57.

**Decision rationale:** Guidelines do support use of the FCE when the work capability of the patient is unclear, where use of the evaluation may establish physical abilities and facilitate a return to work. In difficult cases, these studies are used in helping determine the impairment rating. In this case, submitted recent medical reports do not discuss the current work status.

Without the current work status, or discussion of MMI and case closure, medical necessity for an FCE is not established.

**CAPSAICIN 0.025%, FLURBIPROFEN 20%, TRAMADOL 15%, MENTHOL 2%, CAMPHOR 2% 240GM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The CA MTUS notes that with regards to compounded products, they are not recommended if one drug/class is not recommended. Guidelines go on to state that if a compounded agent is required, there should be clear knowledge of the specific analgesic effect of each agent and how it would be useful for a specific goal required. The compounded topical in this case contains Capsaicin, Flurbiprofen, Tramadol, Menthol and Camphor. Tramadol is not guideline supported in topical format. With regards to topical NSAIDS, the patient is not being treated for osteoarthritis of a joint amenable to topical NSAIDS (spine is not considered amenable to topical NSAIDS). Finally, I do not see any clear documentation that suggests that the requesting physician has clear knowledge of why each specific agent is being combined or what specific goal would be achieved by compounding these specific ingredients together. Medical necessity for this compounded topical medication is not established.