

<b>Case Number:</b>	CM13-0047743		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/03/2012
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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. 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 33-year-old male who sustained an injury on June 3, 2012 while employed by the [REDACTED]. Requests under consideration include Fluro 10%/Cyclo 1%/Lido 2%/Prilocaine 2%/Gaba 6%, 240gm with 2 refills and Chiropractic manipulation. A report with a date of October 11, 2013 from [REDACTED] noted that the patient had complaints of back pain of 7/10 on a visual analogue scale (VAS), which is not improving. He has completed 5/6 chiropractic treatments. The exam showed the lumbar spine guarded; full range of motion with pain; tenderness, deep tendon reflexes (DTR) 2+, and motor strength of 5/5. The treatment plan includes compounded cream, chiropractic manipulation treatment two (2) times a week for three (3) weeks and a home exercise program. An MRI of the lumbar spine on September 17, 2012 had a normal impression. The MRI of the left pelvis showed a kidney cyst. The patient is status post (s/p) at two (2) diagnostic left sacroiliac (SI) joint injections in 2013. There is a qualified medical evaluation (QME) report of April 23, 2013, from [REDACTED], who noted that the patient has reached maximal medical improvement (MMI) with future medical care for medication and physical therapy. Requests were non-certified on October 28, 2013 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluro 10%/Cyclo 1%/Lido 2%/Prilocaine 2%/Gaba 6% 240gm: Upheld**

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

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

**Decision rationale:** According to the California 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 analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. Therefore, the request for Fluro 10%/Cyclo 1%/Lido 2%/Prilocaine 2%/Gaba 6% 240gm with 2 refills is not medically necessary and appropriate.

**Six (6) treatments of chiropractic manipulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** The California MTUS Guidelines support chiropractic manipulation for musculoskeletal injury. The patient has received significant conservative treatments of physical therapy including 5 of the 6 recent chiropractic treatments; however, there is no report of improvement with unchanged chronic pain complaints. Clinical exam remains unchanged and without deficits. Submitted reports have not demonstrated any flare-up or new red-flag findings to support further treatment. Guidelines state several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented; and treatment beyond 4-6 visits should be documented with objective improvement in function. However, this has not been shown in this case. Therefore, the request for chiropractic manipulation is not medically necessary and appropriate.