

Case Number:	CM13-0055099		
Date Assigned:	12/30/2013	Date of Injury:	09/12/2012
Decision Date:	04/30/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/20/2013

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 Emergency Medicine 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 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:

The patient is a 39-year-old female who was injured on September 12, 2012. The patient continued to experience pain in her neck, and right shoulder. Physical examination was notable for decreased range of motion of the cervical spine and right shoulder, and normal deep tendon reflexes. MRI of the right shoulder showed small tear of the suprapinatus tendon, and small fluid collection in the subacromial region. MRI of cervical spine showed mild reversal of the lordotic curve of the cervical spine. Diagnoses included shoulder sprain/strain, neck pain, and myofascial syndrome. Treatment included medications and chiropractic therapy. The patient stated that the chiropractic therapy was helping her after 4 visits. Requests for authorization for chiropractic therapy 5 visits, urine drug screening, and compound ointment, Capsaicin/Ketoprofen/Baclofen were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT QTY: 5.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Manipulation

Decision rationale: Chiropractic therapy is recommended for chronic pain if caused by musculoskeletal conditions. The time to produce effect should be 4-6 treatments. The frequency should be 1-2 times per week for the first 2 weeks and once weekly for 6 weeks. Maximum duration of treatment should be 8 weeks. In this case the patient had already been approved for 4 visits. The patient felt that she was responding to the treatment. A request was made 2 visits per week for 4 weeks for a total of 8 more visits. ODG guidelines recommend 9 visits over 8 weeks. The total surpasses the recommended number of visits. Therefore the request is not medically necessary.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 78. Decision based on Non-MTUS Citation (ODG) Pain, Urine Drug Testing.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. The patient in this case is not using opioids chronically and is not exhibiting aberrant behavior. Medical necessity is not established therefore the request is not medically necessary.

CAPSAICIN/KETOPROFEN/BACLOFEN COMPOUNDED OINTMENT 240 GRAMS:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 111-112.

Decision rationale: Capsaicin/Ketoprofen/Baclofen is a compounded ointment. 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." 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. In this case there is

no documentation that other treatments have been tried and failed. The patient is responding to chiropractic treatments. The medication is not recommended. Ketoprofen is a non-steroidal anti-inflammatory medication. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. This medication is not recommended. Baclofen is a muscle relaxant and is not recommended. The three drugs in this compounded medication are not recommended. Therefore the request is not medically necessary.