

Case Number:	CM13-0061064		
Date Assigned:	12/30/2013	Date of Injury:	05/16/2011
Decision Date:	04/10/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/04/2013

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 Illinois. 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 53-year-old male who reported an injury on 05/16/2011. The mechanism of injury was not provided in the medical records. His diagnoses include lumbar radiculopathy and left knee internal derangement. His symptoms are noted to include low back pain as well as bilateral knee pain. His physical examination revealed restricted range of motion in the lumbar spine and normal motor strength. His treatment plan was noted to include chiropractic treatment and Medrox ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PAIN RELIEF OINTMENT: 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: Medrox pain relief ointment is noted to include methyl salicylate 20%, menthol 5%, and capsaicin 0.0375%. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. The Guidelines also specify that compounded products that contain at least 1 drug that is

not recommended are not recommended. The Guidelines specify that topical capsaicin is only recommended in patients who have been shown to be intolerant to other treatments or who did not respond to other treatments. Additionally, the Guidelines also state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over 0.025% formulation would provide any further efficacy. The clinical information submitted for review failed to provide details regarding previous treatments that the patient did not respond to or was intolerant to in order to warrant use of topical capsaicin. Additionally, as the Guidelines do not support a 0.0375% formulation of capsaicin, the request for the topical compound including capsaicin 0.0375% is not supported.

CHIROPRACTIC TREATMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: According to the California MTUS Guidelines, manual therapy and manipulation may be recommended for patients with chronic pain caused by musculoskeletal conditions in order to achieve positive symptomatic and measurable gains in function in order to facilitate progression in a more active therapeutic exercise program. The clinical information submitted for review indicated that the patient's physical exam revealed restricted range of motion; however, specific measurable objective values were not provided. Additionally, in the treatment of the low back, chiropractic care is recommended at a trial of 6 visits over 2 weeks initially. The request failed to provide details regarding the request for chiropractic treatment, including number of visits being requested, as well as duration and whether the treatment is for the patient's low back or knees. In the absence of further details regarding the request, the request for Chiropractic treatment is not supported.