

Case Number:	CM13-0066075		
Date Assigned:	01/03/2014	Date of Injury:	01/20/2009
Decision Date:	04/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 licensed in Chiropractor Care; has a subspecialty in Acupuncture and is licensed to practice in Texas. 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 66-year-old male who reported an injury on January 20, 2009 due to a trip and fall that reportedly caused injury to the patient's low back and cervical spine. The patient's treatment history included acupuncture, chiropractic care, medications, and topical analgesics. The patient's most recent clinical evaluation documented that the patient had low back pain rated at an 8/10 to 9/10 with a positive straight leg raising test and limited range of motion secondary to pain. The patient's diagnoses included lumbosacral disc herniation with myelopathy. The patient's treatment plan included acupuncture, chiropractic care, topical analgesics, and a pain management consultation, a drug screening test, an orthopedic referral, an interferential unit, and a motorized cold therapy unit

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) SESSIONS OF CHIROPRACTIC TREATMENT FOR THE THORACIC AND LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient previously received chiropractic care. The California MTUS Guidelines do recommend the use of manual manipulation as an appropriate intervention for chronic low back pain. However, continuation of treatment must be based on documentation of functional benefit and significant pain relief. The clinical documentation submitted for review does not provide any evidence that the patient received any functional benefit or pain relief from the prior therapy. The submitted documentation provides a limited physical assessment to support the efficacy of the patient's current treatment. As such, the requested eight (8) chiropractic treatments for the thoracic and lumbar spine are not medically necessary or appropriate.

TWELVE (12) CHIROPRACTIC VISITS FOR THE LUMBAR AND THORACIC SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient previously received chiropractic care. The California MTUS Guidelines do recommend the use of manual manipulation as an appropriate intervention for chronic low back pain. However, continuation of treatment must be based on documentation of functional benefit and significant pain relief. The clinical documentation submitted for review does not provide any evidence that the patient received any functional benefit or pain relief from the prior therapy. The submitted documentation provides a limited physical assessment to support the efficacy of the patient's current treatment. As such, the requested twelve (12) chiropractic visits for the thoracic and lumbar spine are not medically necessary or appropriate

A URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The California MTUS Guidelines recommend the use of urine drug screens for patients who have symptoms that would support suspicion of illicit drug use or inappropriate prescribed opioid usage. The clinical documentation submitted for review does not provide any evidence that the patient is using opioid therapy for the management of their chronic pain. Additionally, there is no documentation that the patient has any signs or symptoms of illicit drug use. There is no documentation that the patient has any aberrant or drug-seeking behaviors. Therefore, the need for a urine drug screen is not medically necessary or appropriate

PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The American College of Occupational and Environmental Medicine recommends referrals when a patient's treatment plan has exhausted appropriate interventions that the patient's physician can provide, and continued interventions would be outside the physician's scope of practice. The clinical documentation submitted for review does not provide any evidence that the patient has exhausted all lower levels of treatment and would require a referral to a pain management doctor. As such, the requested pain management consult is not medically necessary or appropriate

AN ORTHOPEDIC CONSULTATION FOR THE SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The American College of Occupational and Environmental Medicine recommends referrals when a patient's treatment plan has exhausted appropriate interventions that the patient's physician can provide, and continued interventions would be outside the physician's scope of practice. The clinical documentation submitted for review does not provide any evidence that the patient has exhausted all lower levels of treatment and would require a referral to an orthopedic doctor. As such, the requested orthopedic consultation is not medically necessary or appropriate

TOPICAL CREAM FLURBIPROFEN/ CAPSAICIN/MENTHOL, 120 GRAMS,: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend the use of flurbiprofen as a topical analgesic for short courses of treatment when patients are intolerant of oral formulations of nonsteroidal anti-inflammatory drugs. The clinical documentation submitted for review does not give a medication history to support that oral formulations of nonsteroidal anti-inflammatory drugs are not tolerated by this patient or that they are contraindicative to this patient. Additionally, the California MTUS Guidelines do not support the use of topical analgesics for spine pain. The California MTUS Guidelines recommends the use of capsaicin as a topical

analgesic when the patient has failed to respond to all other types of chronic pain management treatments. The clinical documentation submitted for review does not provide a medication history that supports the patient's pain has failed to respond to anticonvulsants or antidepressants. Therefore, the use of capsaicin as a topical analgesic is non-certified. The California MTUS Guidelines do recommend the use of menthol as a topical analgesic for patients that have osteoarthritic-related pain. The clinical documentation submitted for review does not provide any evidence that the patient's pain is osteoarthritic in nature. Additionally, the California MTUS Guidelines state that any compounded medication that contains at least one (1) drug or drug class that is not supported by guideline recommendations is not recommended. As such, the requested topical cream flurbiprofen/capsaicin/menthol, 120 grams, is not medically necessary or appropriate.

TOPICAL CREAM KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE, 120 GRAMS:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines do not recommend the use of cyclobenzaprine as a topical analgesic, as there is insufficient scientific evidence to support the efficacy and safety of this medication. Additionally, the California MTUS Guidelines do not support the use of lidocaine in a cream formulation, as it is not FDA-approved to treat neuropathic pain. In addition, the California MTUS Guidelines do not support the use of ketoprofen in a cream formulation, as it is not FDA-approved to treat pain in this formulation. The California MTUS Guidelines state that any compounded medication that contains at least one (1) drug or drug class that is not supported by guideline recommendations is not recommended. As such, the requested topical cream ketoprofen/cyclobenzaprine/lidocaine, 120 grams, is not medically necessary or appropriate

A FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The American College of Occupational and Environmental Medicine recommends Functional Capacity Evaluations when a more precise delineation of a patient's capabilities than what is available from a routine physical examination is required to evaluate the patient's ability to perform job duties. The clinical documentation submitted for review provides a limited physical assessment of the patient. Clinical documentation submitted for review does not provide any evidence that the patient is at or near maximum medical improvement, and has

any intention of returning to work. Therefore, the need for a more precise examination beyond what could be provided by the physician is not supported. As such, the requested Functional Capacity Evaluation is not medically necessary or appropriate