

Case Number:	CM14-0000971		
Date Assigned:	01/22/2014	Date of Injury:	10/01/2012
Decision Date:	06/11/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/02/2014

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:

The injured worker is a 54 year old male who reported an injury on 10/01/2012 secondary to a repetitive motion injury. Evaluation dated 11/14/2013, reports of neck and bilateral upper extremity pain. The exam noted the range of motion of the neck was 20/45 degrees bilaterally for lateral bending, 4/70 degrees with rotation bilaterally 10 of 30 degrees with extension and extreme tenderness to palpation of the cervical region. The exam also noted 1 out of 4 biceps and triceps reflexes bilaterally. The diagnoses included cervical strain and cervical radiculopathy. The treatment plan included medication and chiropractic care. The request for authorization dated 11/13/2013 was in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO OINTMENT 121MG,4 OZ: 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 Page(s): 111-113.

Decision rationale: Lidopro is comprised of capsaicin, lidocaine, menthol, and methyl salicylate. The California MTUS Guidelines recommend no other topical formulations of

Lidocaine other than Lidoderm, are not recommended. The guidelines also recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines further state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is a lack of clinical evidence of efficacy of other treatments in the documentation provided. Therefore, the request is non-certified.

CHIROPRACTIC TREATMENT 3 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS Guidelines recommend chiropractic care for chronic pain if caused by musculoskeletal conditions. The MTUS Guidelines also recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case, there is no evidence of exhaustion of conservative measures such as NSAIDs and physical therapy in the documentation provided. The request also exceeds the total number of sessions allowed in the trial phase of therapy. Therefore, the request for chiropractic treatments, three times a week for six weeks is not medically necessary and appropriate.