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| Case Number: | CM14-0104924 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 08/21/2013 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 06/18/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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 Occupational Medicine 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:

This is a 46-year-old male with a 8/21/13 date of injury. A specific mechanism of injury was not described. According to a progress report dated 5/27/14, the patient complained of persistent neck pain, lower back pain, right shoulder pain, and right elbow pain. He complained of headaches secondary to his cervical spine pain. Objective findings: tenderness of the cervical paravertebral, trapezius, and lumbar paraspinal muscles; cervical and lumbar spine range of motion was limited; strength and sensation was graded 5/5 on the left and 4/5 on the right. Diagnostic impression: acute cervical strain, acute lumbar strain, right elbow contusion, right ankle sprain, continued epigastric discomfort and pain, headaches. Treatment to date: medication management, activity modification, physical therapy, aquatic therapy. A UR decision dated 6/18/14 modified the request for 8 chiropractic therapy visits for cervical spine and for possible traction to 6 visits for an initial trial and denied the request for Kera-Tek gel. Regarding Kera-Tek gel, there are no guidelines pertaining to the topical application of menthol. There is a lack of scientific research supporting the use of topical medications for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 CHIROPRACTIC THERAPY VISITS FOR CERVICAL SPINE AND FOR POSSIBLE TRACTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Neck and Upper Back Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

Decision rationale: CA MTUS states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, ODG supports a trial of 6 visits and with evidence of objective functional improvement, up to a total of up to 18 visits. In the reports provided for review, there is no documentation that the patient has had prior chiropractic treatment. However, this is a request for 8 sessions, and guidelines support an initial trial of 6 visits. The UR decision dated 6/18/14 certified 6 sessions as a trial. Therefore, the request for 8 chiropractic therapy visits for cervical spine and for possible traction was not medically necessary.

1 Prescription for KERA-TEK gel, 4oz: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; National Guidelines Clearing House.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Kera-Tek has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name as opposed to an over-the-counter equivalent. Therefore, the request for 1 Prescription For Kera-Tek Gel, 4 Oz was not medically necessary.