

Case Number:	CM14-0106806		
Date Assigned:	08/01/2014	Date of Injury:	07/28/2013
Decision Date:	09/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/10/2014

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 Texas and Ohio. 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 55-year-old female who reported an injury on 02/15/2013. The mechanism of injury was not provided for clinical review. The diagnoses included cervical spine musculoligamentous sprain/strain with radiculitis, thoracic spine musculoligamentous sprain/strain. The previous treatments included shockwave therapy, physical therapy, urine drug screen on 01/15/2014. The diagnostic testing included an MRI and an EMG/NCV. Within the clinical note dated 05/14/2014, it was reported the injured worker complained of neck pain which radiated in a pattern of bilateral C6-7 dermatomes. She complained of pain in her lower back that radiated to the bilateral L4 and S1 dermatomes. The injured worker complained of pain in her mid upper back, bilateral shoulders/arm, bilateral elbow/forearms. She rated her pain 10/10 in severity. Upon the physical examination of the cervical spine, the provider noted grade 2 tenderness to palpation over the paraspinal muscles. Upon examination of the thoracic spine, the provider noted tenderness to palpation and palpable spasms over the paraspinal muscles. Upon examination of the lumbar spine, the provider noted tenderness to palpation over the paraspinal muscles. Upon examination of the bilateral shoulders and bilateral arms, the provider noted tenderness to palpation. The provider requested for chiropractic sessions to the cervical and thoracic spine, Fluriflex, Tramadol/Gabapentin/Menthol/ Camphor/Capsaicin, Cyclobenzaprine, and a urine drug screen. However, rationale is not provided for clinical review. The Request for Authorization was submitted and dated 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic to the Cervical, Thoracic 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The request for chiropractic to the cervical, thoracic 2x6 is not medically necessary. The California MTUS Guidelines recommend manual therapy for chronic pain if caused by muscle skeletal conditions. The intended goal or effect of manual therapy is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of 18 visits over 6 to 8 weeks. There is lack of documentation indicating the injured worker had significant objective functional improvement with prior therapy. The request submitted of 12 chiropractic sessions exceeds the guidelines' recommendations of a trial of 6 visits. There is lack of documentation regarding a complete physical examination to evaluate for decreased functional ability and decreased strength and flexibility. Therefore, the request is not medically necessary.

Fluriflex 180gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Fluriflex 180gms is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amiable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity of the medication. The injured worker has been utilizing the medication for an extended period of time, since at least 12/2013, which exceeds the guidelines' recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

Tramadol/Gabapentin/Menthol/Camphor/Capsaicin (TGHOT) 180gm: Upheld

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

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

Decision rationale: The request for Tramadol/Gabapentin/Menthol/Camphor/Capsaicin (TGHOT) 180gm is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amiable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. The guidelines note Gabapentin is not recommended for topical use. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity of the medication. Additionally, the injured worker has been utilizing the medication since at least 12/2013, which exceeds the guidelines' recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg Daily and at Bedtime, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request for Cyclobenzaprine 7.5 mg daily and at bedtime, #60 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time, since at least 12/2013, which exceeds the guidelines' recommendation of short term use. Therefore, the request is not medically necessary.

Urine Drug Screen: Upheld

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

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

Decision rationale: The request for a urine drug screen is not medically necessary. The California MTUS Guidelines recommend the urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. While a urine drug screen would be appropriate for individuals on opioids, urine drug screen after the

initial baseline would not be recommended unless there is significant documentation of aberrant drug seeking behaviors. Additionally, the injured worker underwent a urine drug screen in 01/2014. Therefore, an additional urine drug screen would not be medically warranted. Therefore, this request is not medically necessary.